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PSYCHOTHERAPY

A MODERN THEORY AND PRACTICE

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PRENTICE-HALL PSYCHOLOGY SERIES

PAUL MEEHL, *Editor*

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FOREWORD

We social scientists are typically proud of our emancipation from stereotyped categorizing and cliche thinking With the marketplace as a norm, this self concept is no doubt justified Yet if one does his best to think objectively about himself and his profession, a suspicion arises that perhaps social scientists have also come to worship some idols—other than those of the marketplace, to be sure, but idols nonetheless We have some of our own cliches and stereotypes, we have words and images that give us a nice, homey, in group feeling, the cognitive content of which we rarely examine It is therefore, healthful for the science that, from time to time, individuals arise who are somehow free from these habits (or should I say, *who are rebels struggling to get free), and who in the course of* their struggles make some irritating noises that serve to rouse the rest of us from our dogmatic slumbers

Behavior theory principles as well as data from social and clinical psychology, suggest that the rigidity of perception and problem solving may be expected to covary with the level of insecurity, anxiety, and threat If this is true, we can expect to find a great deal of it present among clinical psychologists and personality theorists, who have ample reasons for being professionally anxious! The tasks we face are enormous, Freud

rightly included psychotherapy, along with child-rearing and political rulership, among the "impossible" professions. The social expectations regarding us and our healing powers are unrealistic and continue steadily to increase Cultivated people, when speaking of a maladjusted individual, commonly say, He ought to go to a psychoanalyst and get himself fixed up," somewhat in the same way that they say, ' He ought to get a new pair of shoes " Almost everybody (except us professionals) seems to view psychotherapy as a kind of automatic refurbishing procedure, so much so that a person who continues in his psychological difficulties is either suffering from a misfortune of time, money, or geography ('no therapists available"), or from an unwillingness to seek help (' He won't go") That therapists often fail to help people, or help them only slightly or transitorily, seems known to few I rather suspect that the innocents who put themselves in our expert hands would be nonplused, if not horrified, to learn of the shabby state of therapeutic theory, the chronicity of really focal disagreements about both theory and technique, the paucity of research worthy of the name, and the radical skepticism in certain scientifically competent quarters (e g , Eysenck) as to whether therapeutic intervention really makes any long term difference at all (As a working therapist, I cannot share Dr Eysenck's disbelief but it is embarrassing how little solid documentation I could bring against him) It is now 60 years since the ap pearance of *Studien uber Hysterie,* yet I cannot see how any scientifically honest therapist (a category that obviously ex cludes those who never read the publications or converse pro fessionally except with their in group) can lay claim to the possession of very much veridical knowledge or reliable power Who can say confidently that we understand the causal role of repression and defense (Phillips' "assertion," ' disconfirmation," and related processes) in falling ill and in getting well, that we know what are the crucial goings on in the therapeutic interview, and that our theoretical comprehension supplies the ra

tionale and makes the tactical decisions for us as therapists?

Nonetheless, in spite of the *official* humility of after-dinner speeches, one can discern in many psychotherapists—I will surmount my tendency to say 'most"—various *unofficial* signs of overconviction We find the easy, unabashed use of terms that implicitly commit the speaker to a ramified theoretical net work, as if they were mere everyday descriptive words We find supervisors readily criticizing student therapist strategy or tactics with a firmness that suggests the supervisor knows' We find therapeutic results, sometimes very striking and persistent ones, condemned as superficial or purely symptomatic or transference cures I have actually heard a 'dynamic" (magic word!) clinician loftily shrug off a dramatic three year cure in the case of a patient who had nearly ruined his life by drinking, on the grounds that the therapeutic procedure had 'merely [*sic!*] kept him dry, but had not worked through his defenses In the light of the notably feeble impact of professional uncovering psychotherapy upon alcoholics, this is a remarkable comment, and it illustrates beautifully the kind of cliche thinking I am talking about The pervasively negative perception of the patient held by depth therapists puts them, and all of us who are products of their tradition in a theoretical situation such that an alternative orientation purporting to offer a way out deserves our serious and receptive attention

It is not to be expected that complacent cliche thinkers will be either shaken or edified by Dr Phillips book Psychotherapists and personality theorists who are comfortable with the historical geological hydraulic model of the mind will find the author merely irritating But those practitioners and thinkers (we should have more people who, like Dr Phillips are both) who really *mean* it when they say Psychotherapy is where organic medicine was in the days of Paracelsus will find themselves highly stimulated by this book, and will profit greatly from a careful study of it I would make it staple reading for

all clinical students (before they become too doctrinally rigidi fied) as well as for personality theorists and seasoned prac titioners

Do not be misled as to the author s aim Dr Phillips has not merely translated one fuzzy model, such as psychoanalytic theory, into a (slightly) less fuzzy one such as a reinforcement theory of learning (with the former guiding all the thinking) Rather he has begun with certain learning and perception con cepts and has asked, What would we say about maladaptive behavior if we really took this model seriously? And what would be the implications for the tactics of the would be healer? This is not easy, since all of us in the present epoch have been very thoroughly indoctrinated with the historical *geological hydraulic model* those who conceive themselves as free of it are usually pseudo free namely by negations reaction formations and contrasts Dr Phillips asks us to take a genu inely *fresh* look at the empirical material as if we had never heard of Freud or his intellectual descendents This of course, is impossible I have to say that I do not think Dr Phillips him self has wholly achieved this admirable freshness he leans as Walter Lippmann says, against the idols, and draws strength from them while he overturns them Friendly readers such as myself may find themselves dissenting from what may be over reactions to the h g h tradition Like all reformers Dr Phillips is a trifle rambunctious at times but then he has to unsettle us with what we have before he can develop his own constructive position which is well worth the shake up experience needed to reach it The tradition is so powerful that I suspect nothing short of such sledge hammer blows will do the job on us

For those who are genuinely puzzled by the unpredict abilities and paradoxes of neurosis and its treatment and who think more about their *clients* than their *concepts,* studying this book will be a real educational experience

PAUL E MEEHL

PREFACE

This book is primarily concerned with the application of psychological theory to the clinical domain As a work on theory, it may be judged in a variety of ways by the pervasive ness or spread of the theory, by the simplicity and ease with which it handles diverse phenomena and by the additional meaning that research and clinical testing can bring to it No theory stands or falls on a single criterion the value of a theory depends on how well it can meet all criteria The present theory will have to be judged in this manner over a period of time Prejudices of time and place will have their say—but, in the final analysis, it will be worth only what it is judged to be worth in the minds of scientific thinkers

This theory has been evolved from a variety of experiences and from stimulating contact with teachers and peers It is difficult if not impossible to trace out all lines of influence all debts to the thinking and writing of others It begins with my interest in the learning process, in theory construction and in the relationships between these interests and the more molar problems of personality theory My first debt is to Dr Arthur W Melton and Dr Fred McKinney at the University of Missouri The excellent emphasis given scientific methodology and re search techniques at the University of Minnesota s Institute of Child Welfare under Dr John E Anderson and Dr Florence E Goodenough further stimulated and directed my thinking The seminars of Dr Herbert Feigl in philosophy of science at the University of Minnesota were of considerable importance

in further channeling my thinking about theoretical problems in psychology This trend was reinforced at the University of Iowa in the seminars of Dr Kurt Lewin, Dr Robert Sears, and Dr Kenneth Spence

I have tried unsuccessfully over the past decade, during and subsequent to my training at the Washington School of Psychiatry, to bring clinical phenomena and scientific problems and interests together I feel that the discrepancy between the clinic and its methodological and theoretical unsophistication, on the one hand, and the world of science (with a capital S), on the other hand, is enormous The burden of justification *here is on the clinic and on clinicians*, but they have not risen to the challenge because their orientation has been too limited The foundations of clinical thinking and practice have to be systematically reorganized If this were not the case, we would have a more cohesive knowledge and practice today.

Contacts with associates who have influenced me greatly—Professor James N Mosel, Dr John J Sullivan, and Dr Daniel N Wiener—have added fuel to the thought fire Without the stimulation of their disagreements with me, I probably never would have formulated my own ideas

Over the past ten years, my students have been reluctant to take my ideas without giving battle This is as it should be Their questions enlarged and clarified my concepts and contrib uted materially to my concern over the problem of communicating ideas

Dr Paul E Meehl, as series editor, rendered excellent comment and clear direction to my earlier rougher efforts

None of these people are responsible for my ideas, I stand in full responsibility My family have led me to apply ideas to them—not just to other people To my wife, Gloria, and our three children—Charles, Piper, and Bonnie—I am indebted more than I can estimate or they realize Without their encour agements and requirements I would never have grown enough to need or obtain the self discipline required for organization and presentation of this theory

E LAKIN PHILLIPS

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INTRODUCTION

The object of this study has been to move in the direction of a non depth theory, let us call it the interference theory The concepts of this theory are independent of those involving the notions of depth with which we are all familiar—those based on what Dr Meehl has referred to in his Foreword as the historical geological hydraulic model, which is the model for all traditional psychoanalytic, Freudian derived thinking

In the interference theory, behavioral possibilities are seen as being selected by the perceiving acting person (not by his unconscious mind) to meet the situations that confront him Instead of behavior being a function of what lies in the mind s "depths," it is regarded as a function of what the person sees as the possible effectiveness of the kinds of behavior that lie within choice range These are matters of the organism s perception—an on going, living, choosing process—not a matter of relatively static, deep rooted layers (processes or entities) in an unconscious mind

In switching the emphasis away from depth defense un conscious considerations, new terms, concepts, and language are employed as sparingly as possible It seems unnecessary to introduce a host of new terms when it is the structure that is important The terms, except for matters of convention and regularity, are unimportant Although the fad sometimes occurs in psychological writing, the reader is not asked here to absorb a whole new language

It makes little or no difference whether or not one employs

such commonly used notions as ego," self,' 'motive," and so forth A minimum number of concepts, such as *assertion* and *disconfirmation* (derived from approach avoidance conflict), *tension,* and *redundancy* are utilized Almost all of the con ventional language of psychology may be used if it is properly adapted to the present theory However, it should be kept in mind that some notions—such as defense' (and the usual listing of related mechanisms), the concept of the "uncon- scious and the strong element of push from behind so charac- teristic of psychoanalytic derived thinking—are simply unused and unneeded When the thinking of the scientifically motivated person shifts from depth concepts to interference" concepts, the number of concepts needed are found to be fewer, and the thinking is simpler, more straightforward, and more easily testable by research But this can be observed by the reader himself

What is the status of present day clinical psychology? This is a broad and difficult question, a few important aspects of its present status will be presented together with suggestions for new theory and practice

Psychology as it is used in the clinic is a depth psychology The mind is seen as a kind of cylinder having depth" as its principal dimension It is also seen to have a sucking-down" or hydraulic action on experiences and ideas that are inimical to what the person thinks are his best interests In present day clinical psychology (and, of course in the related field of psychiatry) one never does things for very obvious reasons— especially if psychopathology is involved—but for hidden or subverted reasons It is the unconscious mind that is working, not the conscious mind

Clinical psychology has a host of techniques—mostly test and interview techniques—that seek to probe the uncon scious It is the purpose of the clinician and of the tools he uses to fathom the depths of each person s makeup to extract the repressed ideas or feelings, and to bring them into con

sciousness where they can be exposed—like ore from a mine—and fashioned into respectable status

There are so many techniques for assessing and for probing the "unconscious mind" that one can hardly keep up with them Each sinks a different shaft, gets to a different 'room' in the unconscious, or probes differently the significant relationships (father, mother, authority) as if they were compartmentalized in the unconscious mind like oil, minerals, and other products of the underground The iceberg analogy of the unconscious and conscious minds is more than analogy, it is an *isomorphic model*

Although "conflict' is invoked to explain phenomena, it is given no systematic place in extant clinical theory It is used interchangeably with frustration,' blocking,' and various terms that conjure up florid mental pictures—but denote nothing very specific

The theory and the techniques used by the clinician help to give him a view of himself and of his tasks that separates him from the rest of science He considers that he has—moreover, *has to have*—a different methodology the clinical method Various writings and reports mention 'the clinical method," or qualify their statements with the phrase 'clinically speaking or the assertion *I can prove it clinically if not otherwise*' This 'clinical' view is not advanced in a way that says, in effect, "I have an hypothesis derived from some observations . it requires scrutiny," but in a way implying some final estimate

We therefore have a personality theory position taken in the clinics asserting that *idiographic* methods (dealing with unique individuals) are somehow methodologically different from *nomothetic* ones (dealing with individuals bound by common laws) and that, in effect, the clinician need not be concerned about nomothetic confirmation This view serves to give the clinician a too enlarged view of himself and of his techniques and allows him to be careless about scientific methodology and theory-construction problems

Psychotherapy the domain par excellence of the clinician, is an even more mysterious land Psychotherapy is what one does to get the unconscious into a conscious state It has to be deep or else it is superficial and of little value except in shifting one system of defense to the point of another system "

In over 60 years of practice the Freudian and other depth derived psychotherapists have amassed very little information about psychotherapy have done very little research on it, and have published little more than clinical reports on an interest ing case here and there When one reads clinical reports of this sort he needs none of the usual concepts of science (indeed, they are a handicap!) to understand what is written He has but to accept the face validity of the concepts used and he is mys teriously introduced to an account of what goes on in the un conscious mind of a patient Usually these clinical accounts are formidable in that the person is almost always suffering from extremely pathological processes (he may well be, indeed, but not all such patients are) from very diabolical goings on in his unconscious mind (they were repressed there from his childhood experiences) and his whole present life situation is regarded as the foam on the beer Now there are exceptions to this type of thinking even in clinical psychology and psychiatry, but where the person s present situation is central in the psycho therapeutic undertaking the larger concepts such as the un conscious defense and so forth, are invoked with no re straint

What of the present position? Wherein does it differ from the main characteristics of depth psychology and clinical theory?

In essence there are three major differences (1) A differ ence in methodological emphasis (2) a difference in the theory of the mind (or of personality or of behavior) used and (3) a difference in the *practical implications* of the first two especially as these implications involve psychotherapy and the general problems of diagnosis of personality ills

The difference in methodology is pivoted around the idiographic nomothetic controversy The position taken here is

that there is no difference between the method of the clinician and that of the experimental or research psychologist There is no *individual* lawfulness in the sense of opposition to or difference *from* actuarial lawfulness, that is, the laws that apply to one person are those that apply to all persons The emphasis in the former, however, has to do with a given person at a given time or in relation to a given set of conditions The misapprehension of this problem has allowed the clinician to grow careless about his assertions, his theory, his research (except where he researches in a nomothetic framework), and his practice The position taken classically by the clinician allows him to get mired down in his own image of himself and his function, it does not make for scientific communication and testability and the formulation of useful theories

The present work differs from conventional thinking, secondly, in regard to a theory of behavior As we have stated, *clinical theory and practice are dominated* by a *'depth' view* of the mind. This depth view fits a number of functions of the mind into a depth structure If the mind pulls conflicting elements *in one's life down into a repressed state, then it has to* keep these repressed states down Hence the notion of "defense" and the myriad of ways in which it can operate

The present view of mind is much more like that of the learning theorist, whose ideas are well enough known and often invoked in limited ways in clinical personality theory making *But there has not been a systematic re application of the learning* position to clinical phenomena If there should be—and this is where much of the purpose of the present work is illustrated—*it would change the clinician's thinking* and his practice We begin to see behavioral possibilities in terms of varying probabilities we begin to see that what the person does is a function *of how he estimates these* probabilities, how he makes choices He puts forward notions or works on the basis of assumptions or lives by hypotheses—these are subsumed under the general, non value laden rubric of *assertions* These assertions have varying probabilities of confirmation—depending on the en

vironmental possibilities—or other assertions have varying degrees of application in a given situation The organism selects, as it were, in the way that the gambler selects a number to bet on We are all betting on life s contingencies all the time, although we do not stop to think about it nor do we conceptualize the odds at every turn

If one is going to change a person s behavior, he has to interfere with what the person is doing, with his assumption-system, with his assertions, or with their degree The clinician teaches the patient to bet less, or to bet on different probabili ties

This position then, allows us to do away with all the no tions of defense with the unconscious, with the view that organisms are always pushed from behind in some blind fashion It puts more choice, more control, more intelligence into the organism and utilizes these for constructive purposes This is where psychotherapy and diagnostic work come in

The third difference, that of the implication of the theory for practical situations such as diagnostic and therapeutic work, is extremely important In the interference theory, we can see our way to conducting psychotherapy on a more practical basis, we do not set up mind structure so formidable that it has to be beaten down or broken into a defenceless position, or plumbed to its depth We can change probabilities of behaving by rather modest, practical, and surprisingly economical and efficient means We can apply psychotherapy to far more people, under less austere and expensive conditions, and we can relate psycho therapy to the host of knowledge we have from other areas of science

If we can do these things well in psychotherapy, our circle has been completed, as it were We started off with different as sumptions about mind and about psychopathology, and we can bring these different assumptions to fruition, this, of course, increases the confidence we place in the assumptions This is all to the good and it raises another important theoretical problem

Something has been said about coming out where we started, about returning to the beginning Is this process circular? Yes! But not "circular" in the sense in which the term applies to methodology that has no independent, testable conditions

The idea of circularity brings to mind recent advances in information communication theory The view advanced by this book is that these new ideas can be joined to a learning theory conflict theory formulation of psychopathology and used to broaden our concepts of the problems we are dealing with and net new practical results at the same time

The circularity—*redundancy*—of neuroses (and of other psychopathological conditions, too) has not been adequately explained to date It is one purpose of the present volume to indicate an explanation It considers the strength of the assertion, its probability of confirmation, and the probability of building into the organism new assumptions that will free it from the redundancy aspect The stronger the assertiveness, though, the greater the probability of the redundancy This kind of thinking most likely would not evolve from a depth theory of mind

Many other aspects of the theory promulgated here will be found to have important practical implications The domain of clinical thinking will be enlarged and at the same time simplified Any theory that purports to bring about these changes is bound to be different from extant theory and seems worthy of serious consideration—especially if the ideas embraced in the theory are testable and easily related to extant knowledge in experimental and well researched areas of psychology and related sciences

There seems no better way to express the present position in terms of what it purports to offer than to use a quotation from Susan Langer

> The limits of thought are not so much set from outside, by the fullness or poverty of experience that meet the mind, as from

within, by the power of conception, the wealth of formulative notions with which the mind meets experiences. Most new discoveries are suddenly-seen things that were always there. A new idea is a light that illuminates presences which simply had no form for us before the light fell on them. We turn the light here, there, and everywhere, and the limits of thought recede before it. A new science, a new art, or a young and vigorous system of philosophy is generated by such a basic innovation. Such ideas as identity of matter and change of form, or as value, validity, virtue, or as outer world and inner consciousness, are not theories; they are the terms in which theories are conceived; they give rise to specific questions, and are articulated only in the form of these questions. Therefore one may call them *generative ideas* in the history of thought (105, p. 5).

And with some relevance for the present position with respect to conventional thinking in depth psychology:

> The end of a philosophical epoch comes with the exhaustion of its motive concepts. When all answerable questions that can be formulated in its terms have been exploited, we are left with only those problems that are sometimes called 'metaphysical' in a slurring sense—insoluble problems whose very statement harbors a paradox. The peculiarity of such pseudo-questions is that they are capable of two or three or more equally good answers, which defeat each other. An answer once propounded wins a certain number of adherents who subscribe to it despite the fact that other people have shown conclusively how wrong or inadequate it is; since its rival solutions suffer from the same defect, a choice among them really rests on temperamental grounds. They are not intellectual discoveries, like good answers to appropriate questions, but *doctrines.* (105, p. 6).

CHAPTER ONE

INTERFERENCE THEORY— EXAMPLES OF THERAPY

The theory of personality and clinical phenomena promulgated here is a non-depth theory. That is, the theory and the therapy structured in accordance with it take issue with psychoanalytic and other depth-oriented theories and therapies and seek to establish a new basis, more experimentally and scientifically secure, for the study and treatment of human personality ills. To avoid dwelling at length on theory in the beginning, this chapter will be composed of illustrative case materials and excerpts from therapy hours and will demonstrate the over-all position maintained in this book. Later, the technical matters having to do with "the unconscious," the conflict paradigm, a number of related issues in psychotherapy, and methodological issues will be discussed in detail. This chapter will concentrate on clinical procedures and evaluations; the broad theoretical issues will be only alluded to from a more remote perspective. Following chapters, also utilizing clinical data, will tackle the more far-reaching, systematic problems one by one, thus grad-

ually evolving the entire theoretical and therapeutic position

Very briefly considered interference theory constitutes the viewpoint that behavior—pathological or otherwise—is a result of various *assertions* made by the individual about himself or about his relationship with others The person chooses now one kind of behavior now another, depending on what kind of behavior seems likely to bring (from the environment) confirmation of his assertions Certain behavior possibilities interfere with each other that is the person cannot do both at the same time However, since possible behavior is always selected by a person on the basis of its appropriateness to the environment, the whole process with which we are concerned goes on in the open Depth views which regard the mental life of people as having a kind of deep going reservoir from which diabolical forces spring are entirely anathema to the present viewpoint The depth view is essentially untestable—an elementary, too elementaristic view, one that cannot meet the complexity of problems that we contrive in the laboratory, see in the nursery school or meet daily in a myriad of practical situations

Also, behavior theory must fit in with the rest of our knowledge Depth views can find little or no corroboration in broad behavior and social science programs the unity of science movement can find very few nutritive ideas in depth psychology Depth psychology is off in a small corner by itself, neither learning much from nor contributing much to the rest of knowledge It is time new developments were given the opportunity to assert themselves in the direction of a more scientifically respectable clinical theory and in the development of new diagnostic and therapeutic techniques

Seven cases are reported in this chapter Of these, three are adults and four are children All but one of these were judged seriously disturbed persons by clinicians and professional observers other than the writer The diagnostic and therapeutic position here has stressed the strong and healthy aspects of the

persons concerned, despite the fact that they were sick" or had problems" Effort has been made to avoid letting the symptoms blur one s perspective of the person, to avoid reacting to the symptoms alone, and to avoid judging the seriousness of the person's difficulties by the symptoms alone It is contended that conventional depth oriented diagnoses and evaluations are largely symptom centered because, for a variety of reasons, there is an absence of clear, concise theory, not because the symptoms, per se, carry a special and clear meaning An attempt will be made to clarify the differences between diagnostic and other efforts by comparing depth oriented views with the inter ference theory position Other attempts will concern the presen tation of therapeutic problems as viewed by depth theory and by interference theory

Case 1

After having been seen in therapy ten times, the subject of this case, a young woman of 22 years, was forced to discon tinue treatment owing to the necessity of her moving some distance away She had previously had between 90 and 100 hours of psychoanalytically oriented therapy on an out patient, once a week basis Current treatment had also been once a week She was quite ill at ease, hyperactive, and self stimulating (face, arms, legs were rubbed all the time) but was sincerely interested in doing something to overcome her misery Some of the presenting problems were inability to fall asleep at night, awakening for long periods if she d been asleep a tense, isolated feeling on the job (clerical work) frequent and violent fights with her husband several hour long crying spells each week usually in connection with discord with her husband, constant talking to herself about her present or future activities (Now I'm riding the bus to work'. Now I'm cooking dinner and next I'll eat and then go meet my husband'. Now I'm getting ready to go down town where I ll buy something I like', and so on) great strain and discomfort in social situations and con siderable envy of her husband s more relaxed attitude, and a

tendency to provoke conflict with her husband in social situations in order to get him to do her bidding ("Are you going to stay here and leave me helpless and ill like this?"). Many other overt (as well as covert) symptoms added up to a miserable day each day. The violent storms were patched up between her and her husband mainly on the strength of her instigation, her profuse apologies (and sometimes his in those instances when he had lost perspective in the heat of controversy), and fairyland types of promises and statements of affection. She required frequent reassurances that he loved her, and that things were as they used to be before a recent fight. To spend an evening in quiet reading or the like was anathema to her, because her husband would thus be "paying attention to the book and not to me." This attitude became embellished in a variety of ways and in many situations.

In the therapy, effort was made immediately to bring her to terms with her assertions, her expectations, and her assumptions about herself. (Later development of the viewpoint will illustrate that people live by *assertions,* not by denials.) She was trying to have notions concerning herself and others (in relation to herself) confirmed at any or all costs. She had to be attended to, to be noticed, to be taken into consideration—first, last, and always. She wanted what she wanted, as she wanted it, when she wanted it! If she awakened at night and could not fall asleep again, she would also awaken her husband, as if he could do something about it. His attempts to do something sympathetic would naturally fail to meet her requirements (either on a subjective basis or on a "reality" basis) and so would worsen the situation. When he acted as if he *could* do something to permanently relieve his wife's tension, thereby increasing her expectations of relief it was all the more disappointing to her when relief was not forthcoming. This left her more helpless. If, on the other hand, the husband fought back, as he might well do, this enraged the patient, since this act constituted not only a failure to "help her" but also a critical attitude toward her. Usually such an episode ended in the patient's exhaustion, or in

her leaving the house for a long walk in the middle of the night

So much for symptoms, the conceptualization is the thing What did these symptoms mean? All of these difficulties were grouped, through discussion with the patient, under four rubrics

1 *Assertion* She wanted constant attention, accord, recog nition, approval This constituted her assertions, her assump tions, her movement toward others, her essential views of her self

2 *Disconfirmation* But these demands were too stringent for anyone to consistently accept, they were too recurrent, too persistent for others to meet They were therefore disconfirmed in personal ways (as by the husband) or in impersonal ways (through social isolation, through strains on the job), and this disconfirmation, together with the requirement itself, consti tuted the conflict situation On the one hand, she asserted, expected, required, on the other hand, she could not have her demands fulfilled

3 *Tension* resulted As always, it was shown in a variety of ways, both overtly and covertly This discomfort was unbear able, being directly related (it is hypothesized) to the strength of her assertion and/or to the finality of the disconfirming experiences

4 *Redundancy* This led to the redoubling of her assertive efforts and to side tactics, as it were, to throwing tantrums— all of which illustrated the tension reducing objectives she had as well as the re assertive intentions, after the heat of the matter had passed, it would eventually lead to guilt over the way she'd acted

Explanations following this four point model—but in non technical language—were given her with respect to concrete experiences she had reported during the therapy hours The paradigm or model was made clearer and clearer each week with respect to new data or with regard to old concerns Each

time she reported difficulty—which was often—the effort was extended in the therapy to learn what she was putting into the situation, what she was expecting, and what her self-others hypotheses were at the moment; and to discover how these expectations and hypotheses were disconfirmed in the reality of the exchange with others. What was actually happening in the give-and-take with others, in the bobbing up and down of her symptoms, was seen to be the confirmation or disconfirmation of the assertion and re-assertion of a given notion.

This explanation gave her a tool to work with—a means of analyzing her own reactions, a means of extending self-knowledge from one situation to another. Each success in these undertakings brought about an increased confidence that she could cope better and better with her life. By the same token, this tended to reduce the potency of the "vicious circle" in which she was caught and to replace it with constructive exchanges with others (a positive circle, as it were, based on positive feedback from others).

After the sixth interview she began to report large-scale changes in her feelings and attitudes. She had noticed some symptom amelioration even after the first therapy hour as she began to struggle earnestly with the many issues that had been raised. Here are some comments she offered during her seventh therapy hour, exactly six weeks after she had begun treatment:

> Practically a miraculous change. (Reports that she sleeps well; goes to bed and to sleep immediately about five or six nights out of seven, whereas before she slept well only one or two nights per week.)
>
> I feel refreshed, not tired during the day.
>
> I'm interested in others without feeling I've given up selfish needs.
>
> Instead of a few times feeling good, it's now good nearly all the time and only a few times feeling bad.
>
> I don't have to force myself to control myself.
>
> He (husband) doesn't hurt me as much when he rejects my ideas; controversy is settled openly and doesn't lead to a big fuss and fight and crying on my part.

I don't enjoy the feeling of being hurt anymore
It is certainly less difficult to live than it was
I get in there and talk socially instead of holding back and letting my husband do it all and then resent my isolation

These changes in attitude and behavior were accompanied by the familiar change, characteristic of the growth of successfully treated patients, in carriage, mood, social responsiveness, and behavior during the therapy hour From the seventh hour onward, we had more leverage, as it were, on her difficulties We had, by this time, clear working models of how the above four points applied and we could use this prototype in studying other situations that she found trying, for further resolution of old stresses and strains Symptoms continued to drop out, improvement continued to be steady, and she felt she could get along well on her own Yet she realized she could also use some more clarification were she able to continue the therapy

What of her childhood? Her background? Where did these symptoms come from?

These questions and others like them are essentially unimportant, at least in the usual sense in which they are asked One's life is continuous and one tends to have the same problems throughout life (if he has not overcome them) Therefore, excursions into the past for their own sake, are essentially superfluous, inasmuch as one can tell what past problems were like by understanding present ones

By way of answering the above questions to illuminate their importance, little needs to be said She was an only child much "spoiled" and given in to by her parents, catered to in many ways during her developing years While in college she had many of the difficulties she presented in therapy, yet with every day returns in classes, in exams, in daily assignments she was able to get enough positive feedback to keep up her morale Her social life was largely held in abeyance at this time Her subsequent marriage and the social demands attached thereto brought to light the inadequacy and unilaterality of her assertions and placed her in greater conflict than she had hitherto

known At any time in the past one would have found this young woman much the same as she was at the beginning of therapy Her current environment, however, had heightened the conflict to the point where she realized the general in adequacy of her attitude for ordinary living

Subsequent to the patient s moving away and about a year after she had begun treatment, she found it necessary to resume therapy She sought to improve upon her gains, to work out certain instabilities in them, and to cope with new responsibilities she faced as a result of her improved status

The second group of therapy interviews numbers 12 at the time of this report, they were spaced at an average of three weeks apart She continued to make further gains in the manner suggested above, although she could have profited more from weekly interviews had it been possible to work out this arrangement One additional problem became increasingly apparent—that she failed to stand up for herself as well as she might in cases where she perceived opposition from others who were much stronger than herself This may sound like a contradiction—saying that she failed to stand up for herself and saying that she was too demanding Actually, there was no inconsistency as her understanding and control of herself improved there was a considerable diminution in the demands she made on her husband, however, this blurred into a too acquiescing manner with less familiar or newly found authority figures (for example, a supervisor on one of her jobs) The two tendencies needed more precise discrimination, and the appropriate behavior had to be worked out by her However, this was a matter of adding to and consolidating social skills (and underlying attitudes), not a matter of wholly new directions

Case 2

This patient was a family man, a professional person who had had many successes in life and had risen from rather poor beginnings (both financially and educationally) to attain considerable status He was 35 at the time of therapy At the time

of this report, he had been seen 45 times on a once a week basis and his wife had been seen five times The wife was seen in order to understand the patient better and in order to see if some control could be introjected into his life by means of his wife's participation As it turned out, none of the latter was necessary, but the former objective was largely realized and the wife's problems vis a vis her husband were greatly ameliorated

In presenting complaints, this man pointed mostly to his great unrest in social situations to his extreme tension when he was in the social spotlight, to a feverish attitude toward certain part time school work, and to strong feelings of inferior ity and insecurity and the usual self doubt complications as sociated therewith The tension in his face, the strain in his voice and in his manner, and the frequent references to crying himself to sleep, to utter despair, all showed the amount of strain he was under in his daily living He had coped with his problems alone for many years, but now his marriage was about to fail, his schoolwork while successful was emotionally very costly, he had few friends and he detested most social situations His wife was so close to divorcing him that she had but to work out some minor details to take her and their children hundreds of miles away

This patient dreamed a great deal and the dreams were handled in the therapy as data similar to any other His dreams all tended to show him striving in competitive situations—often failing, full of despair, having been judged severely by himself and by others We understood the dreams as showing, first, assertions, expectations, or strivings and, second, the complication that evolved when his assertions did not bear fruit He had many discouraging encounters in social situations when he was accidentally thrown in with fellow workers or fellow students In seemingly harmless "coffee breaks' from work or class, he could become extremely anxiety ridden and he would be miserable for hours or even days afterwards This constant anxiety led him to avoid many social situations he would have otherwise enjoyed, and it led to estrangement from

people whom he secretly liked or admired Armed with this anxiety, he would behave badly with his wife and act hurt if she criticized him or tried to bolster his courage, he often felt his wife and children were burdens and wished for the freedom of bachelorhood and youth

As with the first case reported, we began to come to grips with this patient's difficulties by seeing more clearly what he was *asserting,* what *expectations* were guiding him as he entered situations In this way we could understand his tensions and displeasures and could nourish his ability to fathom his feelings—if not during, then at least soon after, a distressing experience

His background was that of a poor boy growing up in a small midwestern community with a striving, ambitious mother and a never-do well father He was admonished by his mother not to follow in his father s footsteps—to amount to something, to get ahead These lessons he learned well, and they guided him in all situations His striving and his competitive orientation were manifest at all times In terms of the four point paradigm, it was helpful to characterize him in these ways

1 *Assertion* His striving, ambitious concerns were his primary assertions the main themes he lived by

2 *Disconfirmation* Conflict ensued when he could not get these expectations confirmed at required levels He did not succeed as well as he wished he was not a first class student (although he was a good achiever), and he did not get the promotions on his job to which he felt entitled All these relative failures added to his inadequacy feelings and to the redoubling of his achievement efforts

3 *Tension* showed in several ways self preoccupations, a certain social ostracism and rejection of and by others sleeping problems, a variety of problems on the job at home, with his children

4 *Redundancy* He knew he was supposed to be getting ahead to excel—so he would put himself to ever greater strains,

isolating himself from family and friends for long periods of time in order to achieve at school and on the job None of these efforts paid off to the extent required, hence the vicious circle was kept in motion all the time

At times during the therapy and when he was most thoughtful between hours, he would have sudden realizations that he was striving too much, that he had to let go, to ease the strain and give up this mad race for illusory gains Yet it took time for this realization to become clear to be applied to his tensions in the abbreviated way illustrated in the previous four points

This man was helped to see himself as being basically good insofar as he had good intentions He wanted to use his time and abilities advantageously—very well, this ambition was desirable and he should not be without it The patient and therapist agreed on this point But it was further pointed out to him that ambitious striving could be overdone An analogy was drawn with eating eating is basically good and desirable, but it can be overdone and can lead to obesity and to disease susceptibility as well as to social complications

This patient, like so many others, had been taught that personality ills had to come from diabolical sources from the evil in us, he was therefore apprehensive about looking for the source of his troubles His apprehension in turn, made it hard for him to see the simple and obvious that his ills spring from overdoing a basically good and honest thing—making the most of himself, that he approached his ambitions in narrow ways at a cost to himself and to his family and, indirectly, that he not only failed to further his interests by these methods but actually hindered his professional, scholastic, and material progress He was concentrating so heavily and was so perceptually narrow about his assertions that he simply did not see alternatives

As the assertions one lives by and the complications and conflicts associated therewith are clarified more and more by

therapy, the person becomes increasingly capable of choosing alternatives He learns his assertions are likely solid and good at the core but over asserted overdone, and are thus relatively non productive He learns to tone them down, to reduce their secondary avoidance features to restructure them He discovers he can actually achieve better in far more realistic and satisfying ways Any therapy with any patient who is the least bit interested in self help can achieve these salutary ends—if the therapy is itself realistic There is no need for years of strenuous analysis that is mostly unproductive, analysis that asks the wrong questions and consequently gets the wrong answers There is little doubt that this man had he been treated in conventional depth derived terms would have been in treatment four or five years at the rate of four or five times per week with results that would have been disappointingly poor There was (from an analytic viewpoint) too much room for theories of masochism, repressed self hurt, death wishes, and all manner of unhealthy motivation in this man for him to have escaped an exceedingly long and involved analysis

What changes took place with therapy? First, he developed a positive attitude toward his own ability to solve his emotional problems He changed from a discouraged, coarcted, often sullen person to one who had social poise, who was interested in social exchange with others (especially in the types of situations formerly so painful), who could achieve well in school *without strain, who was being put in line* for promotion and increased responsibility in the immediate future, who took more interest in his family and enjoyed them more, and who developed better relationships with his wife than he had had in 12 years of marriage In short, the disconfirming experiences in the conflict situation that complicated his assertions were reduced and the assertive features became more clear, more realistic and more satisfying

The content of each therapy hour dealt with the concrete materials of his daily concerns He would come in, briefly review the week, then pitch into a description of a given, usually

informal, stressful social situation It would go something like this

Patient I've been doing better in some ways had less tension in some situations, but this morning I had a rough time

Therapist Let s hear about it and see what we can make of it

Patient Well, it was another one of those coffee breaks that got me As I ve said before, you know when I m sitting across from someone who looks me in the eye, or where there's someone I have to keep up a conversation with well I'm just a dead duck, that's all

Therapist What do you think you entered this situation with? I mean, what attitudes, expectations, or the like were you carrying with you, so to speak?

Patient I don t know I honestly don t I like all these fellows—there were four of us at this table and after the first minute there, there was a build up that had me reeling I had to excuse myself, acting as I had to make a 'phone call all of a sudden, in order to get out from under

As the therapy progressed we came to terms with the feelings manifest here Briefly, it was that his motivation for achievement was so important that no time could be spent on anything else Not only did he expect himself to study, to improve, to get ahead at all times, he also expected himself never to engage in any activity, such as a social hour, that was not helping him to progress as he thought he should The social hour was *wasting time.* These infrequent, always brief social exchanges had so many disconfirming experiences connected with them that he escaped them whenever he could For example if he went to the library to use a reference book and could not obtain it he felt greatly hindered If, in addition, someone happened to corner him for a social chat at such a time, he became uncomfortable, not because of the person, per se, but because he was not only not studying he was being forced (as he felt) to stay in a situation that was obviously unproductive from the standpoint of his primary motivation As we went over these features week by week the patient gradually and unmistakably increased his own ability to cope with these avoidance feelings to under-

stand and to reduce or preclude them. He could catch himself in the middle of one of these "spells" and pull himself out by clarifying his own feelings at the time. This led to the most advanced and most mature step: precluding (by changed perception and redirected assertions) the development of the tension in the first place. Here is the way the last few interviews sounded:

Patient. Well, I've been back in some of those old coffee breaks and they don't upset me the way they did. In fact, I enjoy them, whether I'm talking about my own interests or somebody else's interests.

Therapist. That's a real difference from the way it was!

Patient. It sure is, and I feel much better at other times, too.

Therapist. How do you contrast your old "self" with the new one in these types of situations? What's different?

Patient. Well, it's like you've been saying all along but I didn't fully appreciate it—had a glimmer of it but not a lasting one. I have been so committed to the long-range plans, the over-all security I was hoping for and the long-term accomplishments, that I could never pay any attention to the here and now. When I was forced to, like anyone is in lots of social situations, I didn't respond, I rebelled, I detached myself from the situation and went along with my own thoughts. These were mostly preoccupations with the future.

Therapist. You were always committed to the future . . . the present had no real concrete meaning to you unless you could harness onto some future event of the kind you were interested in and mold it into the current situation. When you were forced to attend to the present, that made for conflict and this, as we've learned, gives rise to tension. From here on, it was anybody's guess as to what particular discomforts you'd feel.

Patient. Yes, I certainly was committed to the future. Now I can give more *effective* time to my study, lots more time to my family and enjoy them, and I've been able to give up many of the former things I thought I needed to hang on to to make the future secure. It just can't be done that way.

This man's struggles with the "letting go" process fairly cried out within him. As he gave up more and more the old orientation, derived as it was from family, social-class, and edu-

cational-background factors, he could gradually take on new ideas The old notions about himself were rendered less potent and the actions based on them were less likely to occur, while new, alternative ideas about himself—always latently possible for anyone—were strengthened, and actions based on them were more likely to occur This gave rise to new feelings, to freedom from severe emotional stress, and to a far greater participation in daily living at all levels All this was accom plished in less than a year s time at the rate of one meeting per week (or less)

The next four cases have to do with the treatment of chil dren and with parent child relations The first two were largely successful, save for the effect of a few uncontrollable environ mental factors, and the last two were mostly unsuccessful These contrasting cases are presented in order to show how interference theory and assertion structured therapy worked with one pair of parent child cases against great odds, and how, in another pair of cases, the poorly structured, depth oriented therapy (with divided therapeutic responsibility toward the family members) obfuscated the therapeutic issues and ended unsuccessfully.

Case 3

This child, who was brought to therapy by his aunt, was obviously psychotic The aunt had been advised by several social agencies and by at least one psychiatrist to have this ten year old boy hospitalized or committed to a treatment institution The aunt hung on tenaciously, partly out of defiance of the profes- sional advice and partly out of grim determination to see that this boy got help She, herself, had been unable to obtain help earlier for the boy's own mother when she was under the aunt's guardianship

The whole family setting from which the boy came was disorganized and hectic The real father abandoned the patient, his mother, and sister when the boy was about three or four. A

subsequent marriage of the mother produced two more half-siblings for the patient but this living arrangement was so hectic that at the age of eight, the patient was taken by his aunt to live with her By the time therapy was started, the boy had made several moves back and forth between his mother's household and his aunt s This resulted in his being transferred from one school to another in highly irregular fashion When he began psychotherapy just a few weeks prior to his tenth birthday, he was totally unable to function at school and had been expelled on the basis of his uncontrollable behavior.

At the time of the first interview and for some months afterward the psychotic behavior of this boy was almost unparalleled outside a mental institution He was delusional and at times hallucinatory He talked continuously about "Mrs Rubber Stockings, Rubber Vincent,' Oh Lawdy, how Mrs Rubber Stockings bothers me! ' and ' Let me tell you about Rubber—hey, Rubber! ' It was at first impossible to break into this harangue, the first play hours were limited to occasional attempts to communicate with him in terms of these and other preoccupations Gradually as he calmed in his psychomotor activity, he became more accessible

Manny,' as the youngster will be called, was seen twice a week on an out patient basis, for about eight months He was then switched to a once a week treatment regimen The aunt brought him each time, and an interview of about half an hour was held with her after each interview of the same length with the boy

The home setting was soon shown to be unreliable and to bring excessive pressures on the boy The first and most constant irritant was the aunt s aged husband (about 78 years old) who was constantly irritated at Manny s behavior Other problems had to do with roomers in the aunt's household with whom Manny had frequent disturbing relationships The possibility of sexual advantages having been taken of the boy were distinctly real His preoccupations with gruesome anatomical details was excessive and his verbal behavior pointed to the possibility of sexual scenes having come his way many times

Gradually a friendship grew between patient and therapist. Manny began to simmer down and to talk about details of his relationships with others to some extent. Before he became very concrete about these details, however, he related everything in allegorical form through drawings or through doll play. He exemplified his fear and apprehension through stories of horror committed by "Blacks" and "Injuns" and by others more nondescript. These fears were brought down to earth by the therapist, and effort was made to help him cope with the fears more directly. As better and closer relationships developed, the allegories took on a more humorous aspect—he put on "TV shows" and wrote "Comics" to portray his experiences, his fears, and his hopes.

After six months of treatment on this basis, it was possible through the helpful cooperation of members of the local school system to get Manny into a special summer class with five other children. This class met one hour a day, five days a week, for four weeks. It was ostensibly a remedial reading class, but, as far as Manny was concerned, the aim was to get him with children and into a firmly structured, socio-educational situation where clear expectations were given him and he was expected to produce some effort toward a clear goal. This was all that was available, short of huge expenditures of money for private treatment-center placement.

Throughout this time emergencies continued to arise. The boy's mother would return to the aunt's home after a spat with her husband and this would greatly upset Manny. He could not see his own mother or even hear of her without showing distress. The mother's many excursions to the aunt's house in the time of crisis kept everyone on edge and periodically threw Manny into psychotic episodes that lasted several days. His distress was shown in the return of his ruminations, in his recalcitrant behavior at home, in his running away, in his staying up all or most of the night, and in other equally upsetting ways. Despite these family upheavals, which even today are not totally precluded, we plugged along and real gain was made.

Effort was constantly extended to get Manny's aunt to sever or to reduce contact with Manny's mother, or at least keep her out of the aunt's home during her crises, to reduce the impact of the aged husband on Manny, and so forth. The aunt was a woman who wanted to help everybody and to share or solve everybody's problems. She took on too much, and especially took on responsibilities that backfired in ways injurious to Manny.

The aunt made and succeeded in efforts to get Manny into some peer groups. She arranged trips to the various Y groups, to boys' clubs, and the like. The isolation this youngster experienced so far as his peers were concerned, and the vacuum this created, can be appreciated only by Manny himself. Into this social vacuum, however, fell a great many unhealthy adult complications.

Why was treatment continued under these circumstances? First, the challenge was great, and the therapeutic effort rose to meet it. The feeling was strong that this youngster could be materially helped and the first signs of reponse were all that were needed to keep the therapist encouraged. Also, the aunt, despite her limitations and her proclivities for getting em broiled in the messes of her family, was genuinely and warmly interested in Manny, and this condition, despite other limitations, could not have been matched in any treatment institution. Also, the aunt would never have agreed to placing the boy. She had had countless opportunities to do so during the year or two before the present treatment program was instituted, and she had flatly turned them down.

What of the boy today? He has been in a small, private school with about 20 others in his class for a whole academic year. He has shown steady academic improvement and considerable social improvement. He no longer shows any psychotic signs although he is not as happy a child as one would desire. His school is not a treatment center; it is a school for normal children. Often the cooperation of the school staff in working toward the boy's best interest was far from optimal.

Manny's family setting has changed for the better, but it has not stabilized to the point where it would seem wise to return him home The boy's mother has backed out of the picture to a considerable extent but is still able to wreak havoc at times with the aunt However, Manny has been protected from the worst of these provocations in the last six months

Why did Manny get better? How could this rather unorthodox treatment have any benefit? Is he out of danger now?

One reason Manny got better was because he had in the therapist a warm, firm, consistent male whom he could depend upon, come what may This was new to Manny, although his aunt was as stable toward him as she could be Another reason for his improvement is that, indirectly, his living situation was somewhat stabilized, and undue strain was, for the most part, removed A third reason for improvement stems from his acceptance into peer group relationships that were essentially normal, this has an advantage, it is felt, over the types of peer group relationships he would have had in a treatment center Although Manny is not completely out of danger, he is far removed from the psychotic condition he showed at the outset of treatment His treatment has consumed 90 half hour sessions (sessions during the last six months have been shorter) and an equal number of half hour sessions with his aunt immediately following the periods with Manny

Manny's conflict stemmed from his inability to get normal acceptance from adults, except for the aunt, and from the damaging results of this treatment as far as his general emotional growth was concerned This condition incapacitated him to the point where he could not make his way among peers and could not accept and meet ordinary demands in life

We might enumerate the minimum points thus

1 *Assertion* The expectation that one would receive ordinary civility from others, to have needs met

2 *Disconfirmation* The failure of this expectation to be confirmed in consistent, reliable ways, plus the consistently

hostile, undependable, rejecting attitude of his family toward him (except for the aunt) that led to further personality deviation

3 *Tension* The tension was so great that psychotic behavior ensued His contact with reality was so flimsy for approximately two years that he was almost totally unable to attend school he became isolated

4 *Redundancy* Effort to make his way with others paid low dividends and his problems continued and worsened up to the point of therapeutic intervention

With the advent of therapy, points four and one began to improve and this, in turn, led to an improvement of point two and to a lessening of tension (point three) Since the family at large could not be controlled, it was not possible to make headway as quickly and certainly as would have been possible with better cooperation from others The instability of the family led at various times, to the reactivation of point one and to a general re enactment of the pathological process, a process that is the reverse of the therapeutic one

Case 4

This was another highly disturbed (near psychotic, pre schizophrenic) boy, Nubby, age seven, who, unlike Manny, did not reach the advanced stage of disorganization, and who responded to treatment much faster and more completely Nubby s family was a small one—only mother and father in addition to Nubby—and a reliable one There were no other relatives to bring discord into Nubby s family

Nubby s complaints were those of a highly disturbed youngster—he spoke with a high pitched, strained voice, in the way autistic youngsters do he stuttered badly at times, he spoke constantly of his enemies at school and of his devious ways (in science fiction style) of getting even with them Other children made him the butt of their jokes, he was provoked into doing ridiculous things, and as a result he was continually

in some kind of turmoil with the teacher He was also very clumsy—also characteristic of autistic youngsters—and he failed to participate successfully in any kind of play at school (he was in the second grade) He rarely completed his school work, although probably he was very bright, and at times he got out of hand and became a behavior problem in a kind of pathetic way that showed he was trying to make satisfactory impressions on peers but could only do so by clowning miserably

For nearly two years, school personnel had tried to get Nubby's parents to recognize the boy s problems and to seek help for his emotional disturbances Either because the school was too insistent, or because the parents were too disconfirmed in their efforts to be good parents, or perhaps for both reasons, delay after delay precluded the beginning of any help for the boy, save what the classroom teacher could offer Both parents were "defensive" at their first interview concerning Nubby s problems Their "defensiveness" asserted their intent to be, and their anxiousness about being, good parents they had, as the problems became understood, overshot their marks, thereby making Nubby too weak and dependent to take his place in the world They had overdone their role as good parents', they had done too much for him

' Why do I try so hard and fail so miserably at everything? Now I've failed at Nubby" This statement by the mother presented her problem and the boy s in a nutshell She was not rejecting the boy, she was *overprotecting* him in plain, simple, straightforward ways She felt she had to "help him over the humps,' to help him against the onslaughts of other children, and to help him ' be a good boy She boxed him in so com pletely that he learned two lessons very well first, he was so important that everybody had to do his bidding, second, he was so weak that he could not meet life straightforwardly He got so few chances at coping with life firsthand, due to the overprotection, that he was unable to develop his own resources Consequently he was aloof, disinterested, angry, afraid, resource less, and so on

Most of the first therapy hours were devoted to Nubby's telling about his enemies and about how he anticipated coping with them He was heard sympathetically but not in a manner that condoned his apprehensions or his hypothesis of his own superiority Gradually he dropped the topic of enemies and began to occupy himself with more realistic matters that occurred at school, at home, and in the neighborhood

While Nubby was participating in a 25 minute therapy once each week, his mother, in the same amount of time, was worked with in slightly different ways The problem here was to directly challenge (with kid gloves at first, to be sure) her assumptions about the boy (and about herself) and to lead her to new notions of his needs and of her own role in helping him She offered complaints about how hard he was to manage in matters pertaining to dressing, to eating, and the like We began by finding a leverage for the mother to use in managing him If Nubby did not get dressed in time he would not be able to eat breakfast with his mother and father, a cherished act If he failed to clean up afterwards, he would not get a coveted ride to school with his father (who dropped him off on his way to the office) These reality situations were just that—real—to Nubby He began to respond favorably immediately

Nubby s initial favorable responses to these routines con firmed to some extent the therapist s estimate of the mother s capacity to structure relationships to set limits to her protec tion of the boy The therapist was also encouraged in the boy's capacity to respond This technique was extended from the morning routine to other situations results began to show Nubby began to be more interested in things around him, he spent less time wool gathering dressed sooner, rarely missed his ride to school, began to take more interest in schoolwork, and so on through a large number of previously discouraging details of everyday living Life became easier for everyone in Nubby s family

The father had tried to cope with aspects of Nubby s behavior earlier by trying him out in athletics and by stressing

calisthenics He had perceived most clearly Nubby's poor peer relationships These efforts were not discouraged as they might have been by depth therapists One has to roll and toss with the patient and capitalize on his good intentions, moving from this point to broader, more realistic considerations It was explained to the father that the athletics were all right, but that they should not be expected to do the job of righting Nubby's social difficulties The father was told that Nubby needed a greater sense of independence, of self worth, of responsibility, when he began to develop these characteristics, he would hold his own better with peers When this had been made clear and the father understood it, we found ourselves working together rather than separately

Following the four point paradigm of the other cases, we might understand Nubby s situation to be

1 *Assertion* Nubby was asserting the need for constant help from others he expected to be waited on hand and foot , he felt that he was something special and merited special consideration

2 *Disconfirmation* The world failed to act on the same assumption as Nubby and his parents, the world was disconfirming in a large variety of ways

3 *Tension* Large scale tensions resulted, to the point of incipient schizophrenia Many signs of autism were present He seemed very strange to others

4 *Redundancy* He redoubled efforts to get others to accede to him and his wishes Other children often obliged—though they scorned him—by tying his shoestrings by helping him off and on with his clothes, and by carrying books But failure to get these responses reliably and completely from others led to more and more tension, to a redoubling of efforts to withdrawal, and to his making still deeper inroads into his parents as the only haven from the harsh demands of the world

Therapy permitted the parents to see the unwanted consequences of the way they had been treating Nubby In place

of them new assumptions and assertions about the boy were forthcoming His firmness toward life increased with their firmness toward him Life became less disconfirming for Nubby, because he learned to expect less than his fantastic dreams dictated and, correspondingly, got more satisfactions in realistic ways In place of the old vicious circle, a new, positive, constructive feedback of confirmation from others began to develop Some of the ways in which the mother reported positive change about a year after treatment began are the following

Plays quietly and in a controlled way while alone, used to hum or squeal or squeak incessantly while playing alone

Obeys orders and requests most of the time, used to want to do the opposite of anything asked of him

Used to try to attract attention constantly, still does this but not as often not as incessantly, and does not protest so much if his demands are unmet on his terms

Played poorly or not at all with other children, plays well now, is accepted almost as an equal by other children

Was very unruly and hard to handle when on a shopping tour, acts up some now but is generally amenable to control

Used to throw himself on the floor in a wild temper outburst when crossed now resorts to this rarely, gets over it sooner, and in general makes less intense temper displays

Case 5

This family of mother, son and father (a younger and an older sister were not included in therapy) came for help because of considerable friction between father and son (who was 11) because the boy, Ernie did poorly at school and was actively hostile to peers and to teachers On occasion Ernie would develop startling temper tantrums and set the whole family in turmoil for days

This case is presented to illustrate the complications that treatment can engender when two or three therapists treat as many family members and when the focus is on the types of problems and considerations associated with depth notions, depth philosophy, and depth procedures Two of the three

therapists involved were depth-oriented (the boy's therapist was not), so that when Ernie threw one of his characteristic temper-tantrums (often at night) this threw not only the parents but their therapists into nearly equal turmoil. The therapists of the parents emphasized the extremely sick nature of the boy; the boy's therapist did not concur on this at all.

Ernie was a very likable youngster with winning ways and a pleasant manner that usually prevailed in his relationships until he was either challenged in his felt prerogative always to excel, or until he was required to do something he didn't want to do. He was one of the most competitive youngsters the therapist ever worked with, yet it was possible to keep the competition constructive (for therapeutic purposes) and enjoyable (for Ernie's sake).

The child's therapist based his work on a constructive use of Ernie's competitiveness, on the desirability of setting limits for Ernie, on helping the parents to see that the emergencies were really "power struggles," and on the assumption that the boy was basically healthy. The parents' two therapists, however, handled episode after episode as if the boy were psychotic (it would have been inadvisable handling even if he had been psychotic!)

The whole therapeutic undertaking was terminated finally by Ernie's parents with anger and resentment. It was impossible for the therapists of the parents to consider that Ernie's acts were willful and demanding, that he wanted what he wanted when he wanted it. To them, Ernie was "extremely sick" and this led them to expect more and more guilt and remorse reactions from the parents because of the ". . . wrong they had done Ernie." These therapists concentrated less and less, or not at all, on the management of day-to-day irregularities of a disciplinary nature. Thus everyone concerned, save the child and his therapist, moved farther and farther apart, until after 29 visits the parents abruptly brought the sessions to an end. It is a travesty on psychotherapy that the matter was handled as it was and that therapy ended as it did: The working to-

gether of the boy and his therapist was brought to an abrupt halt because all of the secondary roles could not be played effectively, efficiently, and realistically

First, let us look at the depth therapists' assertions about Ernie s problems, and at the conflict in which Ernie's parents and the therapists subsequently became embroiled

1 *Therapists assertions* Ernie s symptoms meant he was a near psychotic youngster He needed to play and talk out his repressed feelings and the parents needed to do likewise with respect to the boy s life, with respect to each other, and with respect to their own lives

2 *Parent s assertions* The therapists were experts, they were trained to understand the problems of children like Ernie The therapists acted as if they knew what they were doing In putting themselves in the hands of these authorities, the parents were asking leadership and guidance The therapists were to take the lead in specifying what the problem was, in helping the parents to understand it, in giving specific advice to the parents on what to do about the problem

3 *Conflict and tension* Since parents and therapists were holding out for different means to the same ends and since each had such different conceptions of what was needed, tension was bound to develop With each new crisis at home with Ernie, the parents felt they had got nothing settled, and matters deteriorated steadily

4 *Redundancy* The parents kept coming for help and kept bringing Ernie, feeling they needed to work harder and longer but, of course, not perceiving the real nature of the differences between themselves and the therapist They kept feeling the child s therapist would work some miracle, talk I rnie into self control or the like

From the standpoint of the present theory, and from the child s therapist's vantage point, the conflict situation the boy was caught in appeared in a different light

1 *Assertion* Ernie was asserting the felt prerogative learned from the parents during long periods of over indulgence and over-solicitousness He literally expected everyone else to treat *him similarly, always to yield to him, always to favor him, and to pull his chestnuts out of the fire whenever he wanted it* done.

2. *Disconfirmation* The school, his peers, the therapist, and even the parents (at times) would not accede to this kind of bargain between Ernie and others

3 *Tension* These non cooperative attitudes (as Ernie evaluated them) were strenuously disconfirming and kept him in emotional 'hot water"

4 *Redundancy* Ernie redoubled efforts to get his bidding by variously sulking, demanding, throwing tantrums, refusing to play with others, and by arguing also he could use fore bearance and be solicitous and clever in getting his bidding *He frequently made headway in various and clever ways to* the chagrin of others But these efforts did not really satisfy him, except in secondary ways, and he remained embroiled in conflict, and unhappy

There was no disagreement among the three therapists about Ernie's presenting symptoms that showed disturbance But there was an enormous difference in the evaluation of the *symptoms, in the methods of therapy, and in the strategic* handling of crises that arose Since the depth oriented system of thought and procedure predominated (whatever system of thought is applied in the parents' therapy *usually predominates*), it was a losing battle for the boy's own therapist who applied interference theory Possibly if all therapists had been depth oriented, more salutary results would have been achieved, but this is doubtful since the very position taken by the *therapists of the parents was so inimical to the attainment of* concrete results for this family that no real progress was ever likely.

The depth therapists asked why Ernie acted as he did, why he had to have his way why he was willful, implying that this was his way of fighting back from an original position of having been neglected rejected and so forth Their own answers to these questions brought into the picture his fight with his father over the possession of his mother, which losing battle got displaced onto other issues that were then pursued in lieu of success in the real issue This necessitated, from the depth viewpoint the uncovering of the oedipal struggle and of the way the myriad of confused issues in Ernie s life were rooted in that struggle The everyday, concrete (to them, superficial) struggle between Ernie and others never really constituted a respectable problem in its own right it was but a displacement Management, disciplinary action, the setting of limits the acting out of demands all meant nothing more than the foam on the beer to the depth therapists With this kind of binding shackle on the treatment of the family, little could be accomplished of a salutary nature and the subtleties of assertion structured therapy were easily overrun and ruled out

Case 6

This case was, from the mother s standpoint, largely unsuccessful The mother and her eight year old son Larry, came for help because of Larry s disruptive behavior at school and at home, and because his school progress was poor compared to his ability His IQ was in the 120 s yet he was failing in third grade reading and not doing well otherwise At home he was mostly pampered—and alternately censured—by doting grandparents who had the main responsibility for taking care of him during the day while his mother worked He was an only child his parents had been divorced when he was two

The therapy with this child was exceedingly uneventful as it is with many children who have very mild difficulties or difficulties that are mostly limited to particular inter personal relationships Thus, children may be disturbed at home or at

school by reason of difficult interactions, and these difficulties may be highly limited This seemed to be the case with Larry inasmuch as he was well organized, affable, controlled, yet spontaneous and natural during the therapy hours

The real difficulty arose from the circumstances of treatment: the mother had one therapist and the child another This is the usual pattern in out patient child guidance clinics Often, if the father is seen consistently, he is seen by a third therapist There is no direct communication between the child's therapist and the parent, although communication does exist, indirectly, from the child's therapist to the parent s therapist to the parent

This method of splitting the family between two or more therapists is popular, indeed, it is taken for granted From the parents' standpoint, however, it is clumsy and they often feel they are not "in the know' about the child s difficulty and the child's progress In addition, depth oriented therapists are extremely reluctant to "give advice ' or to make suggestions (in the way that suggestions are made in the protocols contained in this book), and this has the double effect of making the parent think his (or her) therapist does not really know what is going on with the child in his treatment, or that the parent has failed so badly where the child s problems are concerned that the parent has no right to know in any precise way about the child's treatment

This case was chosen for illustration here not so much because the case was conspicuously unsuccessful (as was the previous one) but because the mother s evaluation epitomizes the evaluations many parents give when stimulated on a follow up basis to evaluate the results of their parent child consultation effort The mother was rightfully concerned about the boy s progress in therapy, about how to help him at home, about what the school problems meant, and last and possibly most of all because she could not get to her own satisfaction an understanding of the child's general state of emotional develop-

ment. In evaluating her contacts approximately eight months after the termination of treatment (there were 20 interviews), the mother had the following to say:

> I probably would not recommend this kind of treatment to others.
>
> Most unsatisfactory in the therapy . . . was . . . my having no contact with the therapist treating the child . . . and my dislike of the tactics and approach used by the one who interviewed me.
>
> Lack of contact with the child's therapist was confusing and frustrating.
>
> Sessions with my counselor became a kind of "third degree." We stared each other down and waited to see who would talk first. At no time did I receive any report or information as to what was considered to be the problem or its solution.

Now the reader can refer these to the patient's "resistance" and so on if he wishes; this is what the parent's therapist did in this case. But this constitutes a refusal to learn from patients —a holy privilege if any there are in psychotherapy—and a rigidity that appears inexcusable. The simple fact is that these kinds of objections and criticisms are known to be relatively common. Systematic study needs to be done on this problem but what data we have suggests strongly that a surprising number of parents feel unwarmly about their therapeutic contacts just as this mother did.

Larry's problems (from the vantagepoint of interference theory) were not at all great. He was so much the object of attention at home and he was so much catered to by his grandparents, who had the main responsibility for him and who spent the most time with him, that he expected others to take the same time for and interest in him. This led him to "throw his weight around" at school, hence problems ensued there. A firm attitude on the teacher's part, closer teacher-therapist contacts, clearer parent-therapist understanding—all would have ameliorated the problem considerably. Yet, from the depth viewpoint, one does not offer helpful advice to teachers; this is

not cricket, because the problems are thought to be "in" the child, that is, in the depths of his unconscious Only "talking it out" or 'playing it out," as the saying goes, will relieve matters This makes all other types of environmental contacts between responsible people somewhat superfluous In this type of depth procedure, many parent child cases fail to receive ample help, a conflict is manifest between the therapist's expectations and the parent's own expectations as to what parents and children are to do in therapy The child is caught in the middle. Even when help is forthcoming, it is usually for causes or reasons other than those the depth therapists allude to, inasmuch as study is usually not made of success and failure in these cases, systematic, corrective feedback (either positive or negative, or both) is not forthcoming and clinicians often proceed along idiosyncratic lines without much evaluation of their efforts Even over periods of years little is gained that is clarifying and helpful to clinical practice

Case after case of the sort reported upon here unfortunately occurs With a more realistic view of behavior problems among children (and among adults, too, for that matter) and with more flexible treatment methods, practically all of the mild cases of this sort of parent child difficulty can be treated with salutary results in a short period of time

Returning for the moment to the child's conflict with his environment, nearly all such cases can be characterized in the following way

1 *Assertion* Child s expectations are for constant attention, accord, interest, he expects to get his way, expects to have others give in to him in the interest of his comfort and his immediate demands

2 *Disconfirmation* The school and other out of the home environments cannot treat the child in this way, therefore they act to disconfirm the child's expectations These social facts conflict with the expectations themselves

3 *Tension* At school or in other atypical situations (i e , not typically like the home setting) tensions develop from this conflict

4 *Redundancy* Child redoubles efforts to get attention, refuses to make academic effort, becomes a behavior problem owing partly to tension and partly to his fighting back at dis confirming experiences The child now falls behind in school work in real and formidable ways, this failure, in turn, becomes more disconfirming to him and his original assertions Thus the vicious circle proceeds, and until it is entered into in ef fective ways, it continues

The parent s conflict in most unsuccessful therapy cases might be summed up as follows

1 Parent has her own ideas about what's wrong with the child, even if she does no more than name the symptoms She expects that the professional people consulted will either tell her or show her how to correct these ills or will see other issues and attempt to remedy them The professional person will take the lead at least in some ways

2 This conflicts with the depth therapist s notion that the parent is to talk herself into and out of the problem, see her own rejection of the child, find the answers in her own un conscious, while the therapist plays some vague catalytic role in this process hence the therapist sits and waits for the parent to give out with feelings refuses to go along with the parent s notions wonders if the parent really wants treatment, talks about the parent s resistance, and so on and on through a maze of such notions

3 Conflict between these two sets of expectations is very nearly inevitable Parent and therapist each feel that success depends on the other s taking the initiative

4 Further symptoms develop other than those manifested in the parent child relationships at the outset treatment goes stale, both therapist and parent lose hope contests develop between them, treatment is a failure or at best a flimsy success

It is contended that the conflict described above occurs because the problems of the parent child relationship are seen unclearly, i e , are seen in depth terms instead of being seen in more manageable and practical terms (i e , interaction terms) In connection with depth theory there are, moreover, hosts of practices and team work philosophies that implement the depth theory but leave the patient in the lurch More practical theory, then, not only leads to better therapy but to the cor rection of social psychological practices which, it is contended, are not productive of good therapeutic results

Case 7

This is an account of a 30 year old single man, 'Mr D," who had had several "nervous breakdowns" (and other near breakdowns) and had been unable to work effectively over a 10 year period His presenting symptoms were fatigue, nerv ousness," sleeplessness, irritability, a tendency to 'fly off at the handle," a possible ulcer, and a variety of skin irritations and rashes He was a college graduate, a highly intelligent man who could not easily tolerate the fact that he had emotional problems

The therapy developed along the lines indicated in the cases already presented Attempts were made to come to grips as early as possible with the conflicts that produced the symp toms We worked back from the symptoms directly to the *conflict between expectations and realizations,* and this tech nique helped him to gain insights about his problems between sessions

Typically he would find himself under mounting tension on the job, where he was expected to work under high pressure anyway He had trouble producing effectively, trouble using his time to good advantage to get done what was required of him instead of wasting time on unessential side lines More over, because of a lack of firmness he would fail to require sub ordinates to do their respective jobs, taking over for them, they would readily pass the buck to him, as he put it Many of his

peers and subordinates evidently regarded him as an easy mark and loaded him up with work that was not legitimately his, while he eschewed his own responsibilities As long as he could, he accepted these additional responsibilities, but sooner or later he would reach an impasse The result, in his case, was one of his breakdowns

Mr D s actions revealed two main motivating themes First he wanted always to appear adequate, to be able to meet any challenge, to hit in the pinches, and never to turn down work or responsibility He was continually trying to enhance himself by these means and was continually scanning his environment for further opportunities along these lines, despite the fact that they usually turned out to be too much for him to handle A second important motivation was complementary always to appear affable, never cross, never to lose his equanimity, to bear his burden and smile, to 'keep on trying no matter how difficult the problem Although he was trying to be calm and poised he was often very angry and showed his anger quite indirectly through various psychosomatic signs

Since these motivations were extremely important to him, and since he found himself after a while in a situation where others tended to allow him full swing in these matters, he soon became over loaded and challenged beyond his capacity to endure the pressure If he at some point succeeded in getting his work under control his appetite was whetted and he could not control the taking on of more and more duties He could not afford to pass by opportunities because this would have conflicted with both motivations—to be adequate and calm, and to be ready, willing and able to handle any and all jobs

Mr D s two themes are reducible to enormously vain self appraisals He thought he could just do anything that his prerogative in life was to assert himself wherever and whenever he could gain enhancement His purpose was not to injure others and he was not dictatorial or authoritarian he was far from impervious to others needs and wants His hurting others

was a by-product of his showing himself off at all times His expectations were boundless

This self enhancing assumption he lived by was basically "good" but had many bad ' and complicating overtones con nected with it Fundamentally it was good in the sense that he wanted to be helpful, to be prepared, to be adequate and re liable, to demonstrate and live by his abilities These are not, by most standards of conduct, evil intentions The view ad vanced here is that human motivation is at bottom always good The evil or complicating and conflicting consequences come when the cash value of the assumptions one lives by are shown to be small, less than expected, or the reverse of what one would prefer, and, again, trouble comes with the redoubling of effort and with the reasserting of one s self against odds that are unconquerable Here is the source of tension and here is where behavior becomes erratic, where one becomes alarmed at his feelings, and where others take adverse notice

Understanding Mr D's position in the light of our four point analyses, we would see it this way

1 *Assertion* His motivation was to be adequate, always to have the answers, always to accept the burden of a job, to be constantly looking for greener and greener fields

2 *Disconfirmation* His attitude encouraged the piling on of responsibility by others, his unbounded strivings and his unclear notions of himself allowed him to take on responsi bilities beyond his capacity There were also negative returns from some persons who declined to accept his assertions about himself

3 *Tension* Conflict when the responsibility became too great even for his appetite, or when others did not appreciate his capacity or his efforts produced a plethora of symptoms sleeplessness rashes, inferiority feelings

4 *Redundancy* Despite the risk of breakdowns like his first one he renewed efforts along familiar lines, in the absence

of knowing what else to do This kept up the well known vicious circle

We learned in the therapy that he was too vulnerable to what others thought of him, that it was hard for him to say no, to pass responsibility of some kinds on to subordinates It was also hard for him to see that others would not always accept him one hundred percent just because he felt he was putting forth noble effort All these limitations on his assertions would have put a clamp on his notions of his adequacy At first he couldn t tell Mrs Jones to read and correct her own report —she might not like him for it, and he felt he was better prepared and more experienced than she Later he saw that his assertions could not be confirmed at the levels and in the ways he required He later realized also that he was not always right, not always adequate, and could accept the fact that he had something less than perfection to offer This reduced the urgency of his efforts, the potential defeat of his aims, and allowed him to gain more satisfaction in whatever he did do

Changes came steadily but not fast with this young man He earned an important promotion within one year on a new job (nine months after beginning once a week therapy), and the promise of more promotions in the future He increased the clarity of mutual understanding between himself and his fellow workers (subordinates peers superiors) and kept out of the emotional hot water that had characterized nearly all of his vocational experiences over the previous ten years

How did he get sick in the first place? Why was he motivated as he was? There are dozens of questions the depth oriented student would want to ask along these lines Why?' questions are legion

The first answer to such questions as has been pointed out before is to show that *they are the wrong questions to ask* It is not a matter of *Why,* thus implying a genetic or historical answer seeking process The proper questions, it is contended have to do with How and What, meaning How does the

patient act to produce his troubles?' and What situations and attitudes give rise to the behavior and symptoms in question?

This patient's whole life had been structured in the direction of achievement just as naturally' as it had been structured in the direction of speaking English Our whole society is achievement centered, especially so in middle class settings His mother was one who delegated to him great responsibility for her welfare, he was always to take her into consideration at whatever risk, he learned that the welfare of others had to be uppermost in his mind if he were to be accepted, approved of He was taught early to be up and doing to be adequate to whatever situations might arise, to avoid offending others at almost any cost, and to be so capable that he would experience only approval and admiration He was to improve upon his father's record in these departments

He learned his lessons too well He was so rigid a follower of his mother s teachings that he could see no alternatives The more he was caught in conflict, the deeper he went into his blind alley by redoubling his efforts to overcome his problems via the achievement route

Another feature of the present therapeutic viewpoint can be illustrated with this patient, viz , the collating and assessing of symptoms in the interest of deriving a theory of his difficulty (diagnosis) and a guide to action (therapy)

The depth evaluation of this patient emphasized certain large scale symptoms—guilt, depression, dependence, hostility (repressed), acute anger and temper reactions, the possibility that he had had an acute psychotic episode, or was homosexual at base His inability to think straight at times (as he reported it) was greatly emphasized in the diagnostic picture offered from a depth viewpoint

On the other hand the present viewpoint attempted to place the symptoms in a different perspective and to formulate an application of conflict theory that would permit it to serve not only as an explanation' but also as a guide to what was to be *accomplished* in therapy The features emphasized were

his worry over hurts and slights, his bragging about his work, his wanting to know how to assure the acceptance of his ideas by others, his feeling hurt by criticism, his sensitivity to others who excelled his emphasis on wanting to find himself ' emotionally, the fact that he considered himself his main problem, his trying to get too much out of everything, his feeling that he had failed and his disappointment with himself and his anger toward others when he couldn t get his ideas accepted by others in ways he required

All of these symptoms, evaluations, and impressions, occurred in an originally large, unfiltered diagnostic effort Roughly this collection may be evaluated in two very different ways as Figure I shows If we collect these symptoms according to the present viewpoint (inclosing them in rectangles), or according to a depth position (inclosing them in ellipses), it may be shown to some extent how differently they are regarded and how differently the diagnostic efforts congeal

The symptoms occurring in the rectangles may be subsumed under the four general rubrics used in the cases already presented in this chapter (1) Self assertions, (2) Disconfirming experiences (3) Tension symptoms (4) Redoubling of efforts (or occasionally giving up) The symptoms contained in the ellipses however, point to more dire, more pessimistic and formidable pictures—maybe oedipal entanglements with mother, maybe oedipal struggles with siblings for mother (and consequent hostility toward siblings), anger at father s death when young (hostility toward him for leaving patient), and many, many more awesome implications The depth clinicians saw therapy only as a stop gap, as a preventive measure with dubious prospects of success (he might be psychotic anyhow, he may have had psychotic episodes before and not have known it), and felt his dependence would militate against treatment they generally held out dim prospects for this patient

On the other hand, treated as this patient was from a viewpoint that recognized his strivings and his failure to find confirmation of his assertions—a viewpoint that interpreted the

accompanying symptoms in the light of strivings and disconfirmations—the patient was able in the course of several months to make good progress in a variety of ways. His "unconscious" was not vaguely held to be responsible for his plight (and at the same time unfathomable except under years of intensive treat-

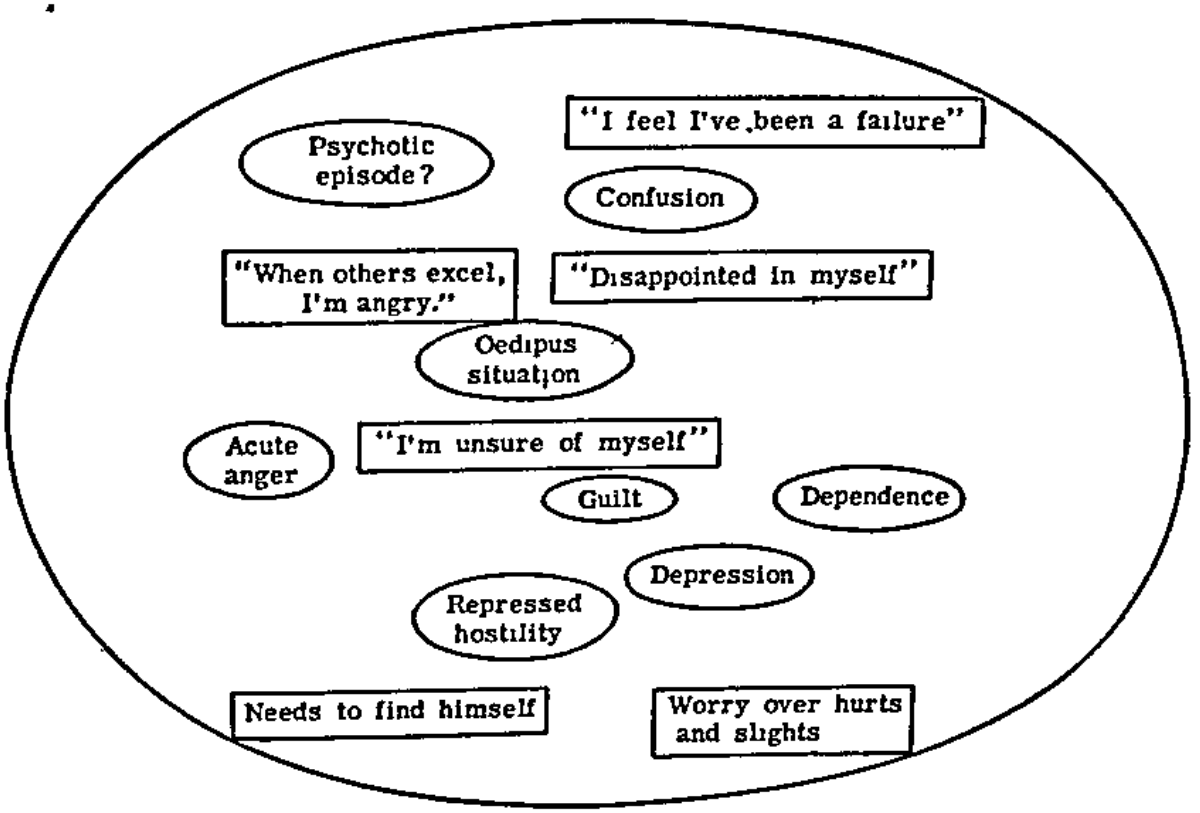


Figure 1. Showing the person as a collection of symptoms and complaints. Depth view (inclosed in ellipses) is contrasted with the assertion-structured view (inclosed in rectangles). Note differences in formidableness of evaluations. All of these symptoms and descriptions come, it is hypothesized, from the third point (tension) in the interference theory's four-point model. The symptoms in rectangles are immediately referrible to the conflict making up the first two points (assertions v. disconfirmations). The symptoms inclosed in rectangles allow easy access to theory on the one hand and to action-taking (therapy) on the other hand.

ment) but, instead, his difficulties were seen to derive from his *assertions,* the *choices he made,* his *expectations.* His difficulties were seen to be forward-moving assertions, basically healthy, but grossly overdone, thus giving rise to the dashing of his expectations and to his symptom complex. In 50 interviews he had developed from a very troubled person with inactive po-

tential into a reasonably well integrated person who was beginning to capitalize on his potential in realistic ways that were enormously satisfying to him For the first time he was guiding himself and his expectations through realistic channels rather than through fantastic ones

To relate the matter of *assertions* to other common clinical points of view, it may prove useful to elaborate somewhat at this point The main interest in diagnosis and therapy from the interference theory viewpoint is to determine the person's assertions If we know these and the attendant disconfirmations, then the symptom complex and the reasons for tension fall into line It is always important to avoid being lost in the symptom complex itself, to avoid the kind of thinking that asserts that each *symptom* (or each important one) has a personal history (for example, oral symptoms must be derived from oral deprivation during the infancy period, and so on for most symptoms) Therapeutic effort from the present standpoint begins by making as clear as possible what the assertions are Except for the highly tense and verbal person, the symptoms are referred as soon as possible to what it is the person is trying to do (or get done, or expects) and to how these efforts meet failure

This type of conceptual effort simplifies the personality theory upon which psychopathology and psychotherapy are based It can, moreover, give rise to hypotheses more specific than those now popular and covering large segments of clinical phenomena from enuresis and other habit disorders among children to psychosomatic disorders among adults For example

1 *Assertion*

(a) I want to be taken care of at all times I don't take responsibility for night time toileting, I abdicate at this point in taking care of myself and leave it up to others (Common assertions observed among enuretic and soiling children)

(b) People's attitudes toward me are of utmost importance I never want to say or do anything that will

make others feel ill toward me I cannot stand up to them if they anger me because it will cost more than it is worth —they won't understand, they will be shocked by my behavior, it won t really change matters at all (Common assertions among psychosomatic cases)

2 *Disconfirmation*

(a) The environment expects the child, by school age at least to be and to remain dry and unsoiled Fun is made of children who cannot fulfill this requirement, parents are exasperated, punitive, over indulging, inconsist ent, adding to the child s disconfirmation

(b) The environment is not excessively kind and con siderate of people People expect others to stand up for themselves and if one does not do so he runs the risk of being taken excessive advantage of, thus increasing the victim's anger but making his conflict worse because he cannot (in terms of his major assertions about himself) give voice to his plight or solve the problem

3 *Symptoms*

The symptoms associated with enuresis among children, and the psychosomatic disorders among adults are well known The child has not been trained properly not enough has been realistically expected of him hence the symptoms persist Treatment must include a new regimen for many aspects of his daily living The psychosomatically involved person is too tender, too sensitive, too much de pendent upon equal tenderness and consideration from others, his tension leads to bodily stress and symptoms— but not to the solving of interpersonal problems in a straightforward, objective way

4 *Redundancy*

In the absence of critical, incisive work on the assertion disconfirmation genesis of the respective symptom com plexes, the symptoms and the over all problems persist It it useless to focus on the symptoms as if they had some independent, personal, developmentally-derived source

that, if found could be removed like cancerous tissue, and thus remedy the patient's ills

A brief digression into the mechanics (dynamics) of the *assertion disconfirmation tension redundancy* paradigm is indicated at this point, even though the following thoughts are as relevant to the chapter on conflict as they are here

Is this *assertion* paradigm really different from the *motivation blocking tension reduction* formula that learning theorists have used for some time? Yes—there are important differences between the older formulation and the one proffered here

First In the older formulation, no effort has been expended to relate motivation and blocking to various symptom complexes as a function of what was motivated and of how the motivation was blocked The motivation blocking formula was and remains very abstract, and it is not rigorous enough to allow any specific deductions to be derived that would have direct or incisive application to particular symptom complexes (diagnostic categories)

Second Blocking or frustration is subsumed here under approach avoidance conflict and the old emphasis on blocking, per se, is largely superceded by emphasis on the environment's indirect effect on the person who over asserts (or too narrowly asserts) It is not so much a question of blocking or frustration as it is of betting on too great odds, of asserting expectations that cannot be fulfilled Hence the conflict between assertion and disconfirmation

Third The *assertion* in the present viewpoint is seen to come from honest organismic efforts to cope with the environment, not from the pressure of childhood frustrations and deprivations (such, for example, as one finds emphasized in the explanation that present pleasures are derived from previous deprivations)

Fourth The playing down of symptoms in therapy is not allowed by the old formulations The older versions are ostensibly compatible with depth theory, as exemplified in the work

of the various Yale theorists-experimentalists. In the present version, symptoms are tension-derived; one might speak here of a "tension theory" of symptoms in contrast to the "specificity theory" that asserts for the important symptoms a separate history of their own. In the latter view, the contemporary value of symptoms is to point, as it were, back to the relevant developmental epoch when the dirty work took place. This implies, in therapy, the necessity of going-back-to-the-origin and the consequent digging out, restructuring, reliving and relieving activities necessary for recovery.

Fifth: Perhaps most important for theoretical considerations is the observation that the old *motivation-blocking-tension reduction* formulation has no built-in readiness to handle the circularity of behavior, the vicious-circle phenomena, or the *redundancy* aspect of psychopathology as it is herein referred to. Without this capacity, the motivation-blocking formulation can handle only a small aspect of psychopathology. If this and tension reduction were the whole matter, how does it happen that the tension reduction does not allow the pathological behavior to desist? However, in the present formulation on the tension reduction value of symptoms is largely nil, and the persistence of the pathological behavior is explained on the basis of the strength of the assertion. Stating again with a slightly different emphasis what has been said in the Introduction, we would expect the conflict to persist if information suitable to the reduction of the original assertion were not forthcoming, no matter how much tension-reducing symptom-activation took place.

The reader may be interested at this point in some preliminary follow-up data from a study of parent-child psychotherapy cases, in which traditional guidance-center depth-oriented views are contrasted with the structured therapy position. The study reported upon here is part of a larger, as yet unfinished study, which sought evaluations, by both therapists and parents, of the progress achieved in parent-child treatments.

A questionnaire composed of six "objective" ratable questions and six qualitative questions was sent to 80 parents in one group and to 27 parents in another group, all of whom had received help with parent child problems over the previous five years We will be concerned here with the answers to two of the six objective questions, which have to do with over all assessment by both mother and therapist of the child's progress A seven point rating scale of the following type was used·



Symptoms much worse	A little worse than before	No change	Slight improvement	Good improvement	Excellent improvement	Great change, no comparison with before

For quantitative purposes, this scale ranged from —2 through zero to +4 but these values were not placed on the rating scales used by parent or therapist Each parent and therapist answered and made his rating separately, and all questionnaires were collected within a five month period after they were first sent out

Inasmuch as the children and parents involved had solicited and obtained help as far back as five years before the activation of the study, it was of interest and value to know whether the lapse of time since the terminating treatment correlated with the value of the ratings Dividing the lapsed time into ten half year intervals, this variable was correlated with the quantitative ratings and it was shown that no relationship between the two variables existed Where lapse of time since completing therapy was correlated with the *therapist's* over all ratings of change in the child ($N = 60$), the r was —0 04 When the *parent* made the same over all rating of the child's improvement, the r was +0 004 The N of 60 in this part of the study was taken from 60 respondents to the questionnaire (parents) from an over all N of 249 cases (studied below in somewhat fuller context) The 60 cases here referred to returned questionnaires, 80 were originally sent out to parents This represents a substantial return percentage 75%

With this general relationship of zero between either parent ratings or therapist ratings and the time elapsing since the termination of treatment, we are presumably free to investigate other sets of relationships in the data without a possible bias in this important direction The gross N of 249 cases of parent-child psychotherapy can, therefore, be examined with respect to the *efficiency* and the *effectiveness* of psychotherapy.

NOTE

Although very little of this research on follow up evaluations of parent child cases is available at this time, it is useful to add some tentative results from other aspects of the incomplete study

Assertion structured therapy cases ($N = 30$) took an average time that amounted to 7 37 interviews Depth derived parent child cases from the same population with no known or demonstrable selection operating, took an average of 17 60 interviews ($N = 27$) The difference between these two means is great enough to have occurred by chance far less than one time in one hundred ($C\,R = 4\,16$) The 30 assertion structured therapy cases showed a gross mean rating of 4 84 on the six variables rated on the follow up questionnaire by parents (this included four variables having to do with the child's adjustment in school, in peer groups, and so on) whereas the depth derived cases rated a mean of 4 54 for the same variables Sometimes small—but usually consistent—differences were reported for most rated variables in favor of the assertion structured therapy results

The question may be raised as to how one explains the better results from the assertion structured therapy cases Without going into detail, the following answers may temporarily suffice

1. Anxiety is treated as a result of conflict, not as a separate ' to be pursued for its own sake This allows us to deal with more symptoms and with more "severe" symptoms in a more functional manner

2 The healthy part of the person is stressed more

3 Psychopathology is treated from a problem solving vantage-point and this helps the patient to fear his problems less, to view them with more patience and with more positive and workable hope for improvement

4 Over all features of the patient's problem behavior are discussed—frequency in general population, relation of problem to developmental status, the methods that generally work and those that do not and reasons for same (applies most directly to parent child cases)

5 The individual s problems are named and conceptualized as

early as possible in therapy This allows for progressive clarification of the problem and for testing out the presumptive solutions to it

6 Most instances of anxiety are regarded as anger, resentment disappointment stemming from the disconfirmation of expectations This affords a more specific and a more germane treatment of symptoms and an earlier testing out of proposed solutions

Existing follow up research on psychotherapy deals almost exclusively with the outcomes of treatment among patients who completed (or nearly completed) therapy Interest here is shown in the *total problem*, that is, in tracing the *efficiency* with which therapy is brought to the patients, and the *effectiveness* it was judged to have by both patient and therapist on a follow up basis This manner of proceeding can give us a more complete picture of the observed value of psychotherapy

In order to do this three groups are compared here as to their effectiveness and efficiency a group treated by the depth oriented psychoanalytically derived methods, a group treated by the assertion structured therapy method (representing the viewpoint of this book) and a hypothetical group illustrating what one might expect under near optimum conditions in out patient parent child treatment [1]

The results shown in Table 1 suggest strongly that there are real differences in the effectiveness and efficiency of out patient, parent child psychotherapy, when assertion structured therapy and psychoanalytic derived depth methods are compared Some unreliability of figures in columns 3 and 4 is incurred—despite the over all meaningfulness of the table—owing to the difficulty upon reading intake and other reports (psychological and psychiatric), of determining whether patients themselves turn down treatment prospects, or whether the therapists concerned often take such a dim view of the po

[1] The rate of improvement in Table 1 may appear at first glance to be excessive Morton s study (128 a) reports equally good results in very brief therapy with college students In the category of the less successful outcomes from depth oriented therapy the reader may consult the findings of Myers and Auld (131 a) which show a sizable loss of patients in therapy as a function of time in treatment Their findings fit closely with the results in Table 1 associated with depth oriented child guidance therapy cases

TABLE 1

COMPARING THE EFFICIENCY AND EFFECTIVENESS OF HYPOTHETICAL (IDEAL) THERAPY, ASSERTION-STRUCTURED THERAPY, AND DEPTH-ORIENTED THERAPY

	1. *Number applying for therapy*	2 *Number treated from among applicants*	3 *Number refused treatment by clinicians*	4. *Number who themselves refuse treatment*	5. *Number completing 3 or more interviews*	6 *Number benefitted by 3 or more interviews*	7. *Percentage of original applicants benefitted*
Hypothetical group	100	90	5	5	90	90	81%
Assertion structured therapy	59	53	—	6	53	51	86 4%
Psychoanalytic depth oriented therapy	190	45	103	42	45	21* (patients' rating) 33* (therapists' rating)	11 05%* (patients' rating) 17 3%* (therapists' rating)

* Therapists' ratings were available for all 45 patients who completed 3 or more interviews Only 27 of these 45 patients returned questionnaires rating their therapy experience, the 21 who rated themselves as having improved somewhat supplied the figure used here.

tential treatability of the prospective patient that no effort is made to gain rapport, to continue contacts, and so on Judging from other questionnaire data, not reported upon here, the number of parents who feel badly about their therapeutic venture (despite reporting some favorable change in the child) is considerable By this token it is reasonable to expect that a large number of potential cases do not mature into genuine therapy cases because of the attitudes of the therapists

Whether the exact percentages in columns 3 and 4 are firm is not of great importance The two sets of figures add up to a total of 75 per cent of the original group of applicants, who were ostensibly therapeutic cases, all being turned down for one reason or another This seems like an enormously large figure and one that is not reflected in the subjective writings and appraisals of clinicians when they report on or discuss therapeutic success and failure But even if the figures under the depth position in Table 1 were only 50 per cent correct, this would still point up a large scale inefficiency in treatment methods

The resultant *effectiveness* figures mirrored in column 7 need some amplification In the depth row, two sets of figures are reported, one set deals with a smaller *N*, those cases of parents who returned questionnaires and who felt success in their undertaking, and the larger *N* composed of therapists' ratings which were available on all parents whether or not they returned their questionnaires Thus it appears that even if we gave the depth oriented position maximum benefit of all doubts regarding follow up reports, granting some unreliability in the reported reasons for not starting treatment reflected in columns 3 and 4, we would still have a rather poor record of psycho therapy results to report for this method

It should be clearly pointed out that all cases reported upon in Table 1 were ostensibly *therapy* cases—that is, cases of feeblemindedness and brain damage, cases studied for adminis trative purposes for courts schools and social agencies, and so on, were excluded from these tabulations

One may produce certain arguments against interpreting these results as being in any way adverse so far as psychoanalytic depth derived parent child, out patient treatment cases are concerned One might say that the methods used are not 'true psychoanalysis" of children However, the record of true psychoanalysis of children is hardly better, if as good witness the work of Klein (91) and Anna Freud (52, 53) The argument for depth derived practices cannot be bolstered on the basis of probable value latent in unstudied and unreported upon therapeutic results of psychoanalysis of children The hard reality here is that, first, there are no convincing results of a follow up nature that can be used to support psychoanalytically derived (or 'true" psychoanalysis) treatment of children, and, second that the results that do exist fail to support any very hopeful view regarding the effectiveness and efficiency of depth derived, parent child, out patient psychotherapy

What of the assertion structured therapy position? These results may represent a sampling error in that only four therapists contributed to these results, while nine or ten therapists contributed to the depth derived results As the assertion structured position is spread more widely among various therapists, it may become diluted (show shrinkage with cross validation), objections to it may be raised, and its results may be less successful than those reported upon here This cannot be denied, it can only be tested hopefully in time and left to the scrutiny of other students In support of the assertion structured position, however, other considerations may be raised First, the assertion structured therapy position grew up in a depth dominated atmosphere that acted mainly to constrict and oppose it Second, in an out patient clinic where, perforce, emphasis is put on practical treatment methods to some extent, even the analytic derived practices and notions do not get full swing or full support and this acts to cut down the "natural" differences between depth and assertion structured parent child psychotherapy Presumably if the depth people were given full reign, they would have been even more

selective in choosing whom they thought was treatable, this would have reduced at least the efficiency of the depth therapy, although the effectiveness might have been somewhat increased over the figures reported above Third, where people are "educated,' general public assumptions about personality ills usually proceed from some type of depth-derived theory, indeed there has been no other articulate theory to speak of This means that the assertion structured therapy position often has a difficult time overcoming the views of some patients that their troubles are deep, deep down in the unconscious," or that treatment requires exhaustive efforts, and this may militate seriously against early, effective help with such people It might be said that this additional obstacle turns out to be a sizable one in from 10 to 20 per cent of the general run of non-psychotic patients assuming the educational and intelligence levels to be moderately high and the persons concerned to be ' well read in mental hygiene matters

Attention is now turned to the basic ideas to be developed in this book We have seen in clinical terms some of the ways in which assertion structured therapy operates, we have contrasted depth derived and assertion structured therapy practices in terms of clinical procedures and in terms of some tentative research results Effort has been made on a preliminary basis to study the effectiveness and efficiency of out patient, parent child psychotherapy by comparing the method promulgated here with psychoanalytic depth derived methods

Some scant beginning has been made up to this point in wrestling with important theoretical matters, which matters must be clear if our practices are to be more than rule of thumb and catch as catch can We therefore turn our attention to some of the far reaching theoretical problems that underlie clinical practices today This searching is undertaken with a view toward reorganizing many if not most of the assumptions by which we live and practice as psychological clinicians

First, we will have to tackle the importance of the *Idio*

graphic-nomothetic controversy—the methodological problem that lies at the heart of clinical practice This problem is so fundamental that one has either to resolve it or to take a stand on it before related and subsidiary issues can be clarified

The problem of the *unconscious* and the host of auxiliary notions related thereto will be undertaken next This problem, too, is a fundamental one, it is necessary to see clearly the role of the unconscious (or, better, the phenomena it seeks to explain) in human behavior and to place in a larger theoretical context the data usually subsumed under this notion

The greatest support for the new ideas expressed here has to be provided by the experimental and clinical data available on *conflict* Conflict theory, long honored in personality theory, will be invoked in a fresh light as the pivotal concept in the development of a non depth view of psychopathology

Following several chapters on a variety of problems associated with psychotherapy, the *interaction paradigm* report and three verbatim protocols on psychotherapy move in the direction of rounding off the present attempts to develop new theoretical leads and practices in psychotherapy and in related personality theory endeavors

CHAPTER TWO

THE IDIOGRAPHIC-NOMOTHETIC CONTROVERSY*

The idiographic nomothetic controversy lies at the heart of many clinical problems This dichotomy tends to split think ing into two opposing camps, leaving unclear the possibility of rapprochement or resolution of the schism

Although many have written of this methodological prob lem, and nearly all clinicians have assumed its validity, Allport (3) has been the most concise and explicit in stating and in promoting the alleged validity of the dichotomy—and of the idiographic method In our minds it is impossible to attempt a clarification of the idiographic nomothetic controversy without alluding frequently to Allport s work he has carried the argu ment into many spheres and has laid down, as it were the pre ferred patterns of thinking

It will be our purpose to achieve a clearer understanding of this alleged dichotomy in methodology, to assert the relevant

* This chapter was written in collaboration with Dr John J Sullivan New York University New York

and important benefits to clinical theory that its resolution will bring, and to propose solutions that will provide the necessary bridge—as we see it—to more constructive uses of *all* behavioral science knowledge in the solution of behavioral problems

In his monograph on the use of personal documents Allport (3) has clearly indicated a historical dichotomy in psychology, philosophy, and other areas of thought between the so-called *idiographic* and *nomothetic* views of science The dichotomy supposedly is rooted in more than simple tradition—it appears to be in the nature of human intellectual functioning according to James (85) and to be epistomologically necessary Allport traces the attitudes of philosophers such as Leibnitz, Bergson, Windelband Wundt, and other German methodologists who have spoken of these two modes of thought as analytic (nomothetic) vs intuitive (idiographic), as Gesetzwissenschaft vs Geshichtswissenschaft, as analytic vs understanding, and, finally, as nomothetic vs idiographic The two terms *nomothetic* and *idiographic,* rather than their alternates, have remained popular in methodological writing in recent decades

Allport (3) appears to further the split between these two methodologies as he speaks of the service of one method (nomothetic) if one is after general laws, laws that are statistically reliable, laws that derive from generalizations based on the extraction of common elements from a pool of cases On the other hand, the idiographic method is useful where no comparison between documents or other sources of data is desired, but where

> All that would count would be vivid and unique depictions clinically valid and useful for the understanding and control of the single case (3, p 54)

He goes on to say that either method alone is inadequate that each is capable of supplying what the mind craves in both its nomothetic and idiographic moments (3 p 54)

Lundberg (116 p 61) is of a different opinion He feels

that the case history method (including personal documents) is not a scientific method but is, at best, the developer of the germ of an idea The idea thus developed must be tested nomotheti cally before it gains scientific status Lundberg ends by agreeing with Allport that the two methods are not incompatible, assert ing also that

> the statistical method is the best, if not the only, scientific method of classifying and summarizing large numbers of cases The two methods are not, therefore, under any circumstances opposed to each other, nor is the one a substitute of the other (116, p 61)

Allport comes back, however, with additional assertions that seem to blur the previous area of agreement when he says,

> To believe generalized knowledge of human nature can outstrip knowledge of particular expressions of human nature is a grave blunder made not infrequently by both psychologists and sociologists For this reason, therefore, absorption in personal docu ments, long puzzling over the interrelated phenomena there dis played, is a reasonable price for the psychologist to pay for his professional training Here, then, is the *first* idiographic value of case documents not admitted by strictly nomothetic standards of evaluation (3, pp 56 57)

Allport brings the nomothetic theorist to task for over simplification, for relying for explanation too much on listings of four wishes, nine factors, 18 instincts, and the like (3, p 57) Where Lundberg would say these generalizations are the very objectives of science, and claim that such use of the nomothetic method cannot conflict with the idiographic method because the latter is simply not science, Allport would see the two methods as lying parallel, and in order to establish the parallel value of the idiographic method, he points to its greater thor oughness, its avoidance of superficial generality

But Allport goes beyond the point of asking equal considera tion for the two methods He sees personal causation and idio graphic motivation as being essentially beyond nomothetic

understanding He actually precludes in some cases the possi bility that nomothetic generalizations can be derived from idio graphic study

> What for the nomothetist is hard to contemplate is the very real possibility that no two lives are alike in their motivational processes (3, p 57)

Allport goes on to say,

> To assume that causation is identical from case to case is to overlook the point that Lewin has emphasized namely that *lawful determinism* need not be based upon frequency of occurrence in multitudes of cases, but may apply to one time happenings (to the single life) If each personality harbors laws peculiar to itself if the course of causation is personal instead of universal, then only the intensive idiographic study of a case will discover such laws (3, p 57)

Allport does not state how, during such idiographic study, one is to recognize any laws that he may discover Nor does he specify how the examiner or researcher gets from one case to another without using some sort of assumed uniformities, generalities, or conceptualizations that go beyond the pale of the individual case If however, even granting that Allport is correct (in insisting on study to discover idiographic laws), the next need is a specification of the conditions under which such laws would be found Allport not only fails to discuss this type of specification but apparently does not recognize the problem to be important

Another criticism of Allport s position follows therefrom He asserts (3, p 58) that the science of engineering is applied to the building of particular conduits, bridges, and so on, and that this practice, as in the human area, represents a particular izing of nomothetic knowledge without which the nomothetic knowledge is of little avail He goes on to say, 'In other words, general laws of human behavior known to us are altered and sometimes negated by the idiographic knowledge available to

us concerning the personality we are studying ' (3, p 58) The reply to Allport on this point is that the nomothetic knowledge is not really altered or negated so much as it is *limited* by contingencies not previously considered

Without the generalized knowledge, how would one know how to change negate or limit it in favor of the individual case? From whence would come a starting point, a reference base?

A further question concerns the role played by idiographic knowledge in the engineering of particular problems (lives) Is not the alteration of nomothetic principles here a matter of raising new contingencies of increasing or decreasing the param eters? One might use as an illustration the fact that, within error limits, IQ scores of high school students are useful in pre dicting college success, but as one enlarges the number of param eters (taking motivation certain personality variables, outside leisure time, and work schedules into consideration), he may reduce or enhance the original prediction derived from intelli gence test scores alone Now as one adds new parameters, he is, in effect, acting *idiographically,* especially if he performs this additional operation when studying a given person But he is building the idiographic picture by adding *nomothetic* vari ables

To further illuminate the idiographic nomothetic opera tions here, the clinician might be concerned with two different counseling or therapy cases—one a high IQ student who was failing in college, and the other an average student who was making superior marks In each case we would have altered the strictly nomothetic generalization derived from intelligence test results *alone,* but we would have added other nomotheti cally derived variables

We might not at a particular time and place with humans have the needed additional nomothetic knowledge Clinically, in the interview, in psychotherapy, and in the obtaining of case history information, one would realize how much addi tional information was necessary, but in lieu of the needed in-

formation, the clinician would make more limited predictions about the person. As the clinician makes these clinical judgements, as he evaluates contingencies about which he is nometically in the dark, he is still acting on the basis of some sort of covert generalization, some generalization from other cases of the same sort (even though they do not fit in *all* respects), else he would not have any idea at all as to what the new evidence (or the need for it) meant. Without some assumed generalities, he could not tell what was missing from the knowledge of the individual case, hence would not know how or where to look in search of more knowledge.

What is implicitly involved in the clinician's adding the "idiographic touch" to the nomothetic data has not been clearly recognized. The problem has been left at what seems to be a qualitative turning point, where one jumps from a nomothetic base (involving analysis) to an idiographic synthesis. Sometimes this synthesis is considered to be due to "experience," to "intuition," and to other elusive and often untestable conditions. It is this apparent leap that needs additional scrutiny, for it is here that we can determine whether idiographic and nomothetic methods are really different, or whether both of them can be further conceptualized in such a way as to make the dichotomy unnecessary.

Before attempting further rapprochement between the idiographic and nomothetic methods, let us pursue further Allport's version of how one uses nomothetic knowledge to fit the requirements of an idiographic (clinical or single-case) problem. Allport criticizes Lundberg's statement that case-work employs a crude sort of statistical prediction:

> Certainly he is in error if he means that knowledge of human nature in general is all that the case worker uses in dealing with the single case. No nomothetist can tell what his wife would like for a Christmas present by applying the general laws of psychology. He can make this prediction correctly only by knowing his wife's particular patterns of interest and affection. If the reply is made that

such knowledge is itself generalization from the wife's past behavior, well and good, but be it noted *it is the single life that is generalized:* In other words, it is purely idiographic knowledge that is employed. A wife's delight will obey certain *laws* in her nature, but the laws may be entirely peculiar to herself (3, pp. 58-59).

In this passage Allport seems to yield a point to the nomothetist and to limit still further the meaning of *idiographic* knowledge. He insists that it is the single life that is generalized, but he admits that one may be dealing with a whole population of events within that single life. He does not object to the application of nomothetic methods to the single person just so long as the universe is the single life and not a group of persons. However, *methodologically,* it is difficult to see how a universe of events occurring in a single person's life is different (i.e., how it is idiographic, not nomothetic) from a universe of events occurring in different lives. Allport does not clarify this point.

Here, again, it would seem that some conceptualization is necessary in order to bring into line the seeming qualitative differences between populations of events derived from these two sources. Allport is raising questions about what we now recognize as the "P-technique" (i.e., repeated measurements or observations on the same person over a span of time, then the correlation of such results). Judging from a recent authoritative article on the "P-technique" (115), it is difficult to see how this technique could substantiate Allport's argument or his seeming methodological demands for the study of the individual. Even Luborsky's own statements concerning the "P-technique" and clinically relevant material are discouraging: ". . . but it is difficult to see how the statistical manipulations eventuate in clinically meaningful end products" (115, p. 412). He says further, "A clinician (especially psychotherapist) may or may not have any need to know what are the patient's major source traits" (115, p. 412). Now this condition as between the "P-technique" and clinical judgement differences may be an example of "misplaced concreteness" in Whitehead's sense of the

term (205). That is, they may be settling on considerably different chunks of data but calling them by the same name: "clinical." However this may be, Luborsky makes other comments that suggest that in his evaluation there is also a split between idiographic and nomothetic methods—although, if we are to follow Allport, we would be looking for a resolution of these methodological differences in the "P-technique." Part of the intention of Luborsky's study was to ferret out factors in the person that were factorially like those found by cross-sectional studies among people in general, thus bridging the gap, in terms of empirically useful variables, between the idiographic and nomothetic methods. Perhaps the idiographic-nomothetic differences in Luborsky's view are derived from a ". . . paucity of hypotheses and clinical insights . . ." rather than from a fundamental difference in methodology (115, p. 412). At any rate, Luborsky's article suggests two things: an attempt to weld idiographic and nomothetic methods by and through a certain empirical route, and a resultant further splitting of these two methods leaving the problem unresolved. It seems that one reaches an impasse in trying to reconcile these two methodological differences whether he proceeds from the clinical frame of reference or from the statistical viewpoint.

In discussing nonquantitative evidences of the validity of personal documents, Allport mentions *plausibility* as one such evidence and asserts that ". . . our own past experiences, as they are relevant, can be considered; even if our past experience is meager we know something of the range of human potentialities by which we can judge the probable truth of an account" (3, p. 128). It appears that Allport is stating, in this passage, the exact arguments against which he musters evidence in the broad problem of idiographic-nomothetic differences. For he claims here that ". . . even if our past experience is meager *we know something of the range of human potentialities by which we can judge . . .*" (italics added). In the study of the individual case, the *total* likes of which no clinician has met before, the clinician is still not thrown for a complete loss be-

cause he knows something of the range of human potentialities —at least within the (often unverbalized) cultural limits sur rounding his life

Allport s third criterion—*self confrontation*—referring to the internal consistency, seems to come closer to what contem porary clinicians are emphasizing viz , *patterning* (e g , indi vidual lawfulness) Here, a collection of facts are viewed not as enumerative evidence alone, but as a compound, a structure, a consistent and interlocking pattern of related events, adding up to some kind of lawfulness Possibly Allport is emphasizing here the distinction between sheer frequency and an integrative and self regulating pattern Modern information and communica tion theory (60, 73, 88, 150, 164, 168, 198, 199, 200, 202, 206) is stressing the same, both in man (social systems) and in ma chines Much of the patterning in psychological science, how ever, has not reached a quantifiable and testable state of affairs, it is false to fact, then, to contend either that the emphasis on patterning is free from nomothetic considerations, or that All port s interpretation of lawfulness in patterning is method ologically different from other nomothetic knowledge

In another place, Allport (3, p 141) says, For nomothetic purposes we admit it is difficult to obtain a truly representative sample, but for idiographic purposes the charge is wholly irrele vant ' Here, then, idiographic methods are divorced from any sampling problems, presumably for the reason that one is not talking about collections of people However, Allport is talking about collections of events occurring within the single person and must have made some assumptions about, or be cognizant of, the typicality of these events for the person concerned Even though the sampling problems are doubtlessly different—they would be different anyhow because of the change in the predic tive problem—the idiographic study that Allport speaks of needs to be *representative* of the person without attempting to include *everything* about the person

In still another passage, Allport seems willing to settle for an even smaller distinction between idiographic and nomo

thetic methods, implying that the difference is like any common trait difference between people, i e , a matter of a continuum

> The difference between the nomothetic and idiographic interests lies largely in the coarseness and fineness of the generalization that is sought (3, p 147)

As if in an effort to answer many of his own questions, Allport traces some steps in the act of reading (and scientifically understanding) a personal document

> When we ask ourselves, What is the process of common sense comprehension?' the answer in rough form seems to be as follows we read a document our interest in the case engenders a selective attention resulting from the progressive patterning of the case While interest is riveted upon the pattern, generalized knowledge comes to mind through associative (inferential) processes This knowledge is selected and rigidly constrained by the objective pattern which is the focus of our interest The generalizations become recast swiftly into an ad hoc interpretation of the case in question This process of interaction between the general (inferential) knowledge and the particular (intuitive) knowledge constitutes an act of *insight* Sometimes the interpretations gained in this way are accepted merely on the basis of conviction (a little bell rings in the breast"), but sometimes they are submitted to subsequent checks, such as (a) endorsement by independent investigators, (b) internal consistency and self confrontation, and (c) predictive success of the interpretations (3, p 153)

Now this chain of events, as one reads a personal document, seems to show clearly how one draws on generalized knowledge, it seems to be contradicting what Allport said earlier about uniqueness—that no two lives are alike in their motivational processes

Maybe an individual case, then, merely brings to light the *need to select* from a range of nomothetic generalizations and to insert particular values to given dimensions, to approximate the individual case in question It could be that the nomothetic generalizations in the more mature sciences are adequate and

have only to be drawn upon when needed, whereas in the social sciences large scale areas of ignorance exist and have to be filled in by whatever practical means Shrewd guesses or conjectures are naturally in order this procedure often gives the illusion of being intuitive and even mystical when applied to people in clinical situations

Idiographic and nomothetic methods are further contrasted in Allport s work by his stating in effect, that the idiographic method gets at the *personal meanings* an experience has for an individual Knowing what his marriage *means* to a man is the only way of determining its value for the prediction of his behavior (3 p 157) This distinction carries with it the implication that the idiographic rubric includes phenomenological data whereas the nomothetic does not The phenomenological position is of course, a familiar one in science and in psychology, but from the literature on this topic one does not draw the conclusion that it must by nature be exclusively idiographic, or that nomothetic considerations are entirely precluded It has been generally true—in American psychology, at any rate—that nomothetic and peripheralistic objective behavioristic orientations occur together, but it is also true, as anthropological and social perception studies show, that one can deal nomothetically with data obtained from a personal frame of reference The line between phenomenological and objective viewpoints (16, 17, 183, 184, 185) seems to be blurring more each passing year, so that this dichotomy does not provide very effective support of another doubtful dichotomy The nomothetic approach does not require that the same circumstances have exactly the same meaning for everyone studied individual differences can be provided for within the limits of some meaningful general conditions Idiographic research, however, apparently has to assume certain uniformities when dealing with the individual case—e g , in the language used, in the test medium, in the prevailing conceptual models used to interpret the results, and so on

Allport rightfully points out that the concept of *frequency* in the statistical sense, and also in the sense of happenings

within a single life (and we have shown this to be within the confines of Allport's notion of idiographic causation), has dominated American social science He says,

> In either case we are told our prediction depends upon *recurrences,* i e , upon past frequencies But is it true that these two basic assumptions of frequency exhaust the mental operations that are applied to successful predictions in a single case? A murderer seldom commits more than one murder Therefore, we cannot reason from his previous behavior that when conditions are thus and so, he will commit murder The act is a one time happening Although no frequencies are involved the deed is *determined* and, scientifically speaking, lawful for none of the murderers studied could an analogue have been found in the general population that would have led to an actuarial prediction of the event (3, p 158)

This passage adds confusion to what seemed clearer earlier in the discussion, in that frequencies within the person—although once explicitly included by Allport—seem now to be excluded because of the necessity of viewing *frequencies,* wherever and whenever, as strictly nomothetic The notion, or better, the requirement of frequencies, Allport feels, precludes the prediction of the one time happening such as a murder

It would be difficult to demonstrate that one could predict a potential murderer by use of idiographic data where one could not so predict by use of nomothetic data Some of the data on suicide—which certainly is a one time event, much more so than murder—shows that one can, on an actuarial basis, find prior commitments to suicide, can find traces and evidences pointing in the suicide direction and can find other items making up a pattern that tends to spell out suicide Possibly what is involved in these types of rare or one time events is an implicit (explicit, to some degree, if carefully noted) patterning, a welling up before the storm which we have not learned to 'read" because we have been so taken aback by the dramatic event itself, or because we have come by our data so late The frequencies involved here may be like the subliminal

ones that have to accumulate before we hear the sound, or the frequencies that have to occur before the pattern in which they are set becomes strong enough to impinge clearly on our senses (like the striking clock that we become fully aware of only after it has struck four or five times) At least this general possibility has to be entertained and its probability value ascertained, be fore we can speak about single events such as murder (or sui cide) being totally unprecedented except in the individual s own life

Possibly no one would argue with Allport's statement that a one time event is determined So far as the writers are aware, there is no problem of determinism vs non determinism (al though *in* determinism in a special sense influences scientific thought) However, Allport seems to imply in the above quota tion that the determinism of a one time event could not be suspected even by studying the single life, much less by work ing from a nomothetic base In the last quotation, Allport seems also to shift ground again—with reference to the theoretical position maintained in his statement about the husband s choos ing his wife s Christmas present on idiographic grounds only—failing to juxtapose his earlier statement that *it is the single life that is generalized* His shifting reference points and shifting meanings make it difficult for one to know where Allport s argument comes to rest

Still more complicated reference points are vaguely indi cated by Allport in the following statement What is out standing in the above instances [Heine s prediction of German Nazism, and the counselor s prediction of success in a strange coup—pp 158 159] is the perception by some predictor of *latent trends*, not yet operating that will in time ripen and lead to certain consequences Tendency, in the psychological sense, is always a personal condition, not (as in statistics) an expression of past frequencies (3, p 159) Thus there is intro jected an additional phase involving latent trends which, too, are only subject to scrutiny in the individual case Just prior to this statement about latent trends, the reader is advised that in

the one time case of the murderer, " we cannot reason from his previous behavior that when conditions are thus and so, he will commit murder (3, p 158) But Heine, operating idiographically, could discern the latent trends in a whole nation!

From the standpoint of his total argument, Allport seems to state his position in clearer language in the following quotation regarding the perceiving of relations (patterning) 'What is missing from the code and frequency device is the *perceiving* of *relations,* the reasoning as from present indi cations to *changes* (not repetitions) that will occur in the course of time, and the variation of prediction by recognition of con tingent factors (allowing for example, for probable changes in the environment) (3, p 160) And again, Only an investi gation . will help to settle the dispute between those who believe that reasoning from personal documents is merely a case of sloppy statistics and those who believe that the sensitive recording machine of the human mind perceives relations and tendencies in other terms than mechanical weighting (3, pp 160 161)

In these last two instances Allport seems to find firmer ground and to become a bit clearer as to some of the theoretical underpinnings of his idiographic position

As if in anticipation of some of our own yet to come stric tures about his position and about the idiographic nomothetic controversy, Allport reaches a somewhat higher theoretical level in saying,

> Even the most objective data in psychology (such as the excur sions of a needle on a kymograph caused by a reflex action) can be ordered to diverse explanatory systems—to the mechanistic, the hormic, the configurational, the tropistic the personalistic, and others It is not, therefore, the subjectivity in personal documents that leads to conflicting interpretations It is rather the versatility of the human mind in contemplating its own infinite complexity (3, p 172)

Here Allport leaves room for the *conceptual* re arrange

ment of any facts or figures or observations or reasoning, and in so doing possibly opens his own strictures about the idiographic-nomothetic controversy to re arrangement We now wish to consider the possibility of re interpreting Allport's position in the hopes of reducing this methodological problem in psychology to what we feel to be its ' proper" place.

Allport has succeeded better than anyone else in stating the idiographic position and in contrasting it with nomothetic methods A review of representative clinical theory in psychology (10, 28) continues to turn up Allportian arguments and to reflect the kind of thinking that leads to an idiographic-nomothetic dichotomy Even a cursory examination of con temporary 'projective' test practices and theory would add additional vocal testimony to the popularity of dichotomous

NOTE

Rosenzweig is intent upon dethroning the stimulus and re placing it with an idiodynamic approach in favor of the unique individual His thesis is one that this entire chapter, of course, seeks to dispense with Research just does not support any known idi ographic or idiodynamic approach (122 a) Whatever else it may show, the V A clinical psychology selection study by Kelly and Fiske (87) tends to dampen one s interest in the types of clinical practice that cannot get beyond the individual himself So called "internal ' dynamics have not proved productive in psychological science The correlated assumption that projective tests get beyond one s 'de fenses,' or circumvent them, or turn up the bottom side of life, as it were, is not only unwarranted and a practical dead end but a theoretical impasse as well It takes new and better theory—not just sharper projective techniques—to get by this impasse Much pro jective test theory and allied idiographic description are of the order Sears criticized

To describe a person as having "high emotionality" or "low sensitivity" or "diffuse anxiety" is systematically acceptable only if other variables are added that will, together with these internal personal properties, specify what kinds of behavior can be expected from him under some specific circumstances (173, p 477)

It might be added, appropos of Sears' comment, that the alleged

internal, idiographic processes become interpersonal thus losing their esoteric, covert, and mystical qualities when properly conceptualized and/or empirically investigated See also, Holtzman and Sells (78) and Mowrer and Ullman (129) for two additional resources in this connection

thinking in this methodological area of psychology (1, 7 50, 160) Allport's ideas are all but completely taken for granted in the second publication by the Social Science Research Council on the personal documents theme (64)

Our position is that the idiographic nomothetic controversy is spurious We submit that the two are aspects of the same method of scientific inference, that they represent different emphases at different points in the scientific enterprise, and that it is fundamentally irrelevant whether one is dealing with one case or many cases as to the *course of inference* from data to theory (or to conceptualization)

In roundabout ways Allport hints here and there at the appropriate answers to his own questions and arguments When he speaks of the process of conceptualization he comes closest to a resolution of his own dichotomous thinking, but he never pursues these leads long enough or thoroughly enough to arrive at new constructions

Our replies to Allport's arguments follow

1 The single case in clinical study is described in terms of a set of variables, the most important aspects of which are their interrelationships (patterning) Usually one infers from the type of covariation among the variables a conceptualization of the individual case, offers summary statements about the person implying at all points both how the person is similar to others (as reflected in the choice of variables themselves) and how the person is different from others (i e , as reflected in the values assigned to the variables singly or in various combinations) The researcher or clinician obviously could not arrive at some notion of how people differ without first having a reference base (a class, a continuum, a pattern of relationships).

Viewed in this way, uniqueness is a matter of degree, it is not an all or none characteristic There is no notion operationally or conceptually of uniqueness as a total difference that makes sense Things and people are unique only to a degree, and always in terms of the familiarity one has with what one encounters in such people and things

Now if the variables used to describe a person are not, themselves different, the clinician would argue, then their arrangement, their *patterning* is different from one person to another to such an extent that no two ever have *exactly* the same pattern It would be argued that this is the domain, par excellence, of the clinician, that it is only he with his perceptive powers geared as they are who can discern the individuality of a single person This brings to light a *procedural* difference between idiographic and nomothetic study, but this procedural difference is not a methodological one

The clinician, in interviews, in therapy, or in the usual situations where he functions *does not limit his choice of data in advance as explicitly and as rigidly* as does the researcher who is investigating a collection of people with regard to an hypothesis The clinician proceeds with an "open classification (or hypothesis) system as he interacts with a client the nomothetic researcher by design and by intention limits the data he will accept and thus can be said to operate with a limited or closed system of variables Now, both nomothetist and clinician *infer* from the data they discern (observe, record) certain *conceptualizations* (descriptions additional hypotheses predictions, theories) regarding the client (subject, patient) to the end that summary statements theories, hypotheses, may be made, confirmed, rejected, and so on Thus the *procedures* of the clinician and of the actuarial researcher differ—but their *methods* of inferring from data to theory are identical

It is this procedural difference that has been misconstrued, that has been interpreted as the qualitative jumping off point that separates clinician from nomothetist, that has been blown up into a qualitative difference These procedural differences

are no more important—for our methodological considerations that is—than are the procedural differences between psychologist and physiologist, between chemist and physicist All sciences have their own tailor made procedural differences peculiar to their individual realms, but these procedural differences do not alter the methodological, inferential conceptual tasks each faces as he proceeds from fact or observation to theory and hypothesis [1]

In the interest of economy if for no other reason, the actuarial psychological researcher has to limit his area of study He cannot study all things in all people he cannot like Sherwin Williams paints, cover the earth The clinician in dealing with a single case, can, in a sense leave himself open to considering anything and everything Literally he does not do this it would be impossible for any clinician to demonstrate that he has included everything about a given case but he can leave open the prospective consideration of anything by simply not delimiting in advance the acceptance of any data whatsoever Thus, as new information is fed into the clinician via whatever route, he may continually shift and alter his hypotheses regarding a given person and he may continue to do this as long as he interacts with the individual He may never reach a resting place with regard to his hypotheses about

[1] One might contest this point by showing that two types of inference may be drawn from data One type which is ignored in the discussion would be the inferring from data to data That is inferring from a sample to a universe or from one sample to another within probability limits assigned thereto This is commonly done in actuarial research of all sorts

In the text discussion the implication has been put in terms of a second meaning of inference viz the inferring from data to theory with sampling considerations being tacitly assumed to be adequate (or to be irrelevant) Thus in an experiment on reinforcement or on some systematic issue regarding (say) Hullian theory the pivotal issue would be the adequacy of the theoretical point as tested by the experiment not whether the experimenter had sampled the universe of rats or men correctly

There may of course be important theoretical considerations added to the data to data type of inference but one may also carry out such inferences without implying any theoretical superstructure Thus in sampling a state wide population of school age children no theoretical issue in behavior theory need be taken into consideration in this kind of inference from sample to universe (or from sample to sample)

the patient. But all the while the clinician is using his open receptivity to infer new hypotheses, to shift old data about, to conjure up new configurations. He has merely a more continuous methodological task before him—at least as he continues to interact with the client—than has the nomothetic researcher who gets his data and then closes the intake gates while he absorbs and interprets his findings.

2. In dealing with the patterning aspects of data, the clinician is said to be dealing methodologically differently with

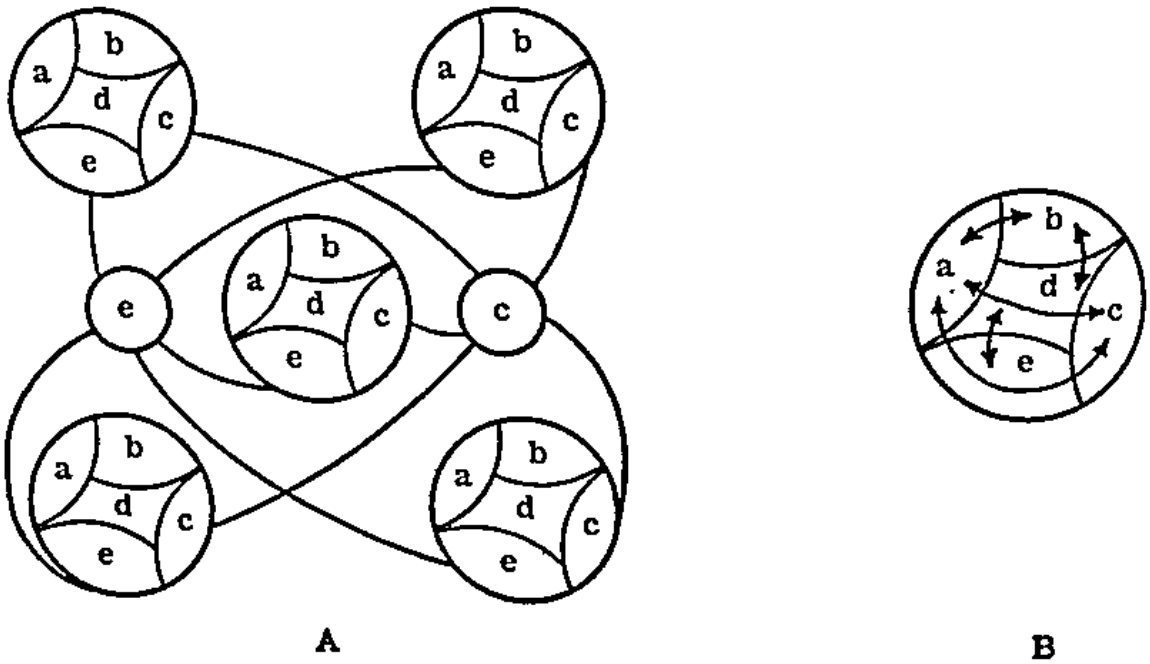


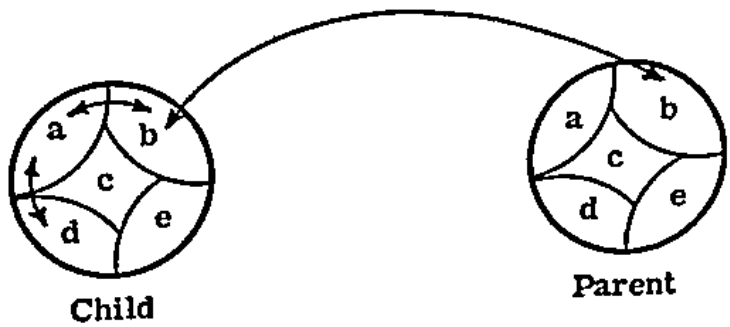
Figure 2. Schematically representing the argument that actuarial treatment of variables between persons differs from idiographic treatment of variables within a single person's life.

his data than is the actuarial researcher. We have stated above that the patterning derives at least to some extent from the openness of the clinician's procedures. This openness lets him continually react to new data that cast reflections on older hypotheses, thus inciting new patterns in his appraisals. Even if there is no difference in scientific-inference terms between idiographic and nomothetic methods, correlating variables between people is still different from adducing relationships between variables within a person. Thus the idiographist might argue.

This argument might be schematized as shown in Figure 2. Within this figure, *A* illustrates the typical actuarial operation of delineating several variables and of abstracting these variables from the person, pooling them to form a sample from a population, and statistically manipulating the variables in the interest of answering some scientific question. In *B*, however, the clinical interest is in describing the person, hence the variables are seen as *interacting with each other* in various combinations and patterns, the qualitative and quantitative dimensions of which would further elucidate the differences between persons.

NOTE

It would be even more appropriate to conceptualize the *B* portion of Figure 2 in *interaction* terms In this case the person would be seen to interact with others via certain fairly well structured and recurrent interpersonal sequences



Thus, very sketchily, we could think of a pair interacting in terms of parent child disciplinary measures Given a disciplinary impasse in the parent child relations, this might make the mother feel very discouraged, guilty, inadequate, and might leave, also, restive feelings in the child With severe interpersonal, parent child involvement, the whole person (each, parent and child) might become constricted and debilitated in interactions with others Thus, if *b* could represent 'disciplinary parent child interactions," the discouraging effect of an impasse here could lead to the child's poor social behavior in peer groups (*a*), and to the lack of intellectual educational progress (*d*) at school And so on through many interpersonal ramifications (138) Thus, even the so called "internal" personality features are simply sub systems to the total interaction matrix and if we look carefully at the sub systems we will be able to see this clearly The theoretic task, then, turns out to be one of *invention*, one of delineating appropriate units whereby interaction,

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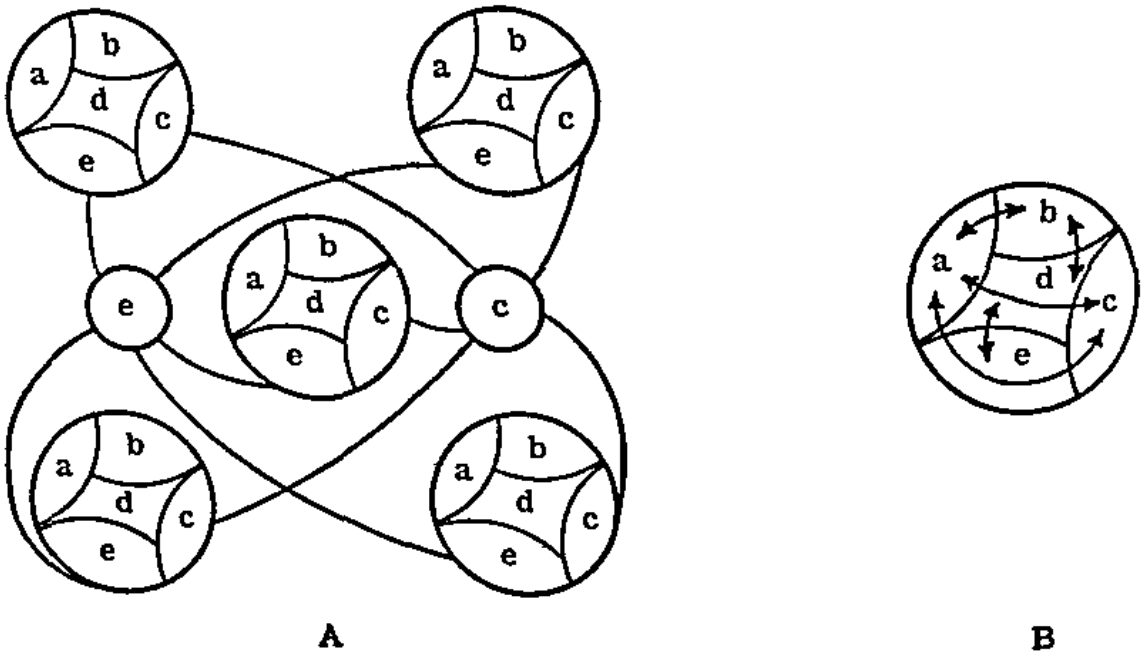


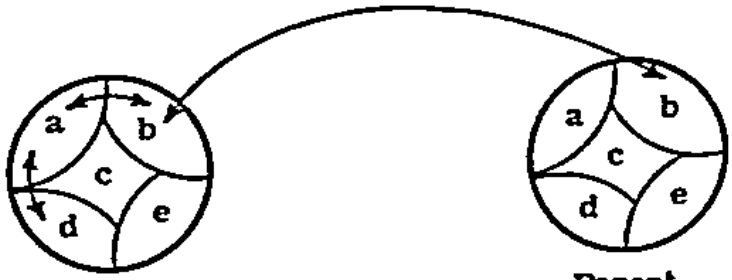
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Child Parent

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rather than isolated individual characteristics is conceptualized [See also in this connection Sheldon's discussion (176)]

While any mathematical or conceptual representation of *B* would doubtlessly be more complex than for *A*, it is true for both that one is entering the person(s) at the point of data and coming out at the point of theory.[2] We have, thus far in psychology been largely unable to handle the *B* type of problem—except qualitatively—but because the clinician is continually faced with this type of problem and because he is forced to come up with some solution to it, however meager, he naturally feels, if he does not pursue the methodological problem further, that he is somehow doing something different from the nomothetist

In the sense that the clinician is continually pointing up the need for newer and better representational systems, or conceptualizations he *is* doing something different, but, again, this is not a difference in method or inference Both theorists in order to make sense out of their respective universes have to conceptualize their findings, to infer from data and in so doing they are methodological identical twins

It is of great importance to clinical practice, to personality theory and to theory building in general in psychology to

[2] The separation of fact from theory is one of the most important problems any science faces It is doubtlessly true that in clinical work the fact theory problem if we may call it that is a greatly confused one Some help in this matter may be obtained from Kline and Gerard (91 pp 202 203) Though a fact may be described as the immediate product of sense it is not the case that a datum is factual even though it is obtained in part as an immediate product of sense As Bridgman points out the fact refers to such statements as I read the number 78° F on a meter and not the temperature is 78° F The former is something given directly to us something given into our experience the latter on the other hand is observation by way of concepts extracted from experience through the utilization of special devices and techniques performed in a context of theoretical interests meanings and concerns It is the latter type of statement which is utilized in research Thus it is possible to talk intelligibly about the data of an experiment if there is recognition that what one describes is not immediately given sensual perception (facts) but rather an organized prehension (Whitehead) not given but *taken from* selected experience In this connection see also Susan Langer's work (105)

elucidate the problem represented in Figure 1. This problem is doubtlessly one of the most important ones faced by any social-science theorist. But the problem stated in these terms is vastly different from the "same" problem stated (or, rather, from our viewpoint, misstated) in methodological terms as being the idiographic-nomothetic dichotomy.

3. One of the most clarifying analyses of this general problem is given by Reichenbach (152, 153). He deals specifically with the problem of the individual case (153), bringing several observations to bear on it:

(a) He points out that a statistical or probability interpretation of a law does not mean that such laws are ". . . less dignified than causal laws . . . but . . . are more general forms, among which the causal law represents the special form of statistical correlations holding for 100 percent of the cases" (153, p. 122).

(b) He states further that "Causal laws are introduced by a process of schematization . . . assumed . . . to hold for ideal conditions . . ." (153, p. 122). This reference to the "process of schematization" is a reminder of what has been said above about the inferential step one takes as he moves from a consideration of raw data to hypothesis (to theory, to conceptualization). As if to state the whole argument in this quarter as succinctly as possible, Reichenbach asserts, "This continued improvement of statistical relations, this pushing of a probability toward 1 by the consideration of further efficient parameters, is in fact all we can do in the ascertainment of causal relationships. The idea of causality is an extrapolation from observed statistical relationships; this is not only its psychological origin, but also the source of its logical validity. Its meaning and its validity depend upon its translatability into a convergence process of statistical relations" (153, p. 122).

(c) Without referring to Allport's monograph or to the subsequent monograph by Gottschalk, et al (64), Reichenbach discusses the notion implicit in the social-science fields of psychology, anthropology, and history, that in such fields the

worker has to develop notions of logic and explanation *peculiar* to the subject matter He says, "The gist of this argument is that historical occurrences are unique and never repeat themselves, and that neither the causality of the physicist nor statistical laws can be adduced when a unique effect is to be explained as the outcome of a unique cause" (153, p 123). Reichenbach's position in answer is that the term "explanation refers to the incorporation of an event into a general law, that " explanation never adheres to individual occurrences but always is extended to a class of similar occurrences' (153, p 123)

NOTE

Bergmann makes an equally cogent and relevant remark in regard to this point, taking off from a consideration of the whole vs part argument He says

The formula that wholes are more than the sums of their parts has four important good meanings The first is that what I called the composition rules of a theory are themselves empirical laws, so that for instance, the law of the process undergone by two interacting systems cannot be deductively derived from the two laws alone, which describe the processes the two part systems would undergo in isolation The corresponding bad meaning is the belief, propounded with varying degrees of explicitness and confusion, that there are no composition rules, that every new complexity, or at least some levels of complexity, introduce some ill defined novelty or emergence (17, p 450)

What the clinician and other idiographic theorists really do in their individualistic bias is to deny composition rules (in Bergmann's words) and/or interaction systems and thus preclude the finding of the very lawfulness which they presumptively assert is not obtainable except on an individual basis Thus in turn it appears that one cannot move from one individual personality to another in lawful ways or, conversely that one has to derive all possible lawfulness that is really germane to the person from, and only from, the person himself

As we have shown, Allport and nearly all clinicians tend to emphasize strongly the quality of uniqueness in the individual case or individual event This matter seems to the

writers to have been emphasized out of all proportion both for the understanding of the individual case and for the purpose of general scientific understanding Reichenbach s position is to the point again ' In spite of this extension to general relation ships, explanation does not deprive the individual event of its uniqueness Every physical event is unique there are no two events which are completely alike Yet different events can very well belong to the same class The same is true for historical events, although each of them is unique, historical events may very well be incorporated into classes No two weather situations are identical but they may very well be of a type usually fol lowed by a thunderstorm Both in the physical and in the social sciences, classification of unique situations according to suitable characteristics leads to general laws And the logic of ex planation is the same for historical and for physical events historical explanation, like physical explanation consists in showing that the individual occurrence is of a pattern for which a general relationship can be established (153 p 123) And as if to offer a possible reason why research in the social sciences has not recognized its logical bases, Reichenbach states

What has hampered historical research, and the logical anal ysis of such research, is the ambition to find causal laws com parable in strictness to the laws of planetary motion The physicist has abandoned this ideal of a law in several of his fields of research Why should the historian adhere to it, since it is so obviously unattainable? (153 p 124)

(d) The last set of strictures from Reichenbach consists in his discussion of *reference classes* At this point, we are again reminded of our previous discussion of the openness of clinical procedures in studying the individual case vs the closed nature of most actuarial research in the sense that it is usually limited to a small number of variables

It is well known from practical statistics that the probability of the prediction for the single case is greatly improved if the refer ence class is narrowed down as much as possible In the case of i death probability it is advisable, instead of incorporating a

person merely in the class of persons having his age, to narrow the reference class down by considering his state of health and other pertinent factors. The selection of a suitable reference class requires a great deal of technical knowledge. And there is no such thing as the best reference class; we can only proceed step by step to better reference classes. This fact shows again the fictitious nature of the probability of a single case . . ." (153, p. 126).

Thus, following Reichenbach's position, we could state that the clinical method consists in continually re-sorting and re-assessing and whittling down the reference classes as they appear to fit a given person at a given time. This is a more complete way of stating what we said above, viz., that the clinician keeps "open" his classification system, that he can continually shake down his reference bases, and that he does not by design stop this process in advance of his information-gathering steps.

4. Still further refinements of the problem of reference classes can be seen in the writings of another philosopher of science, Feigl (44, 45). Although Reichenbach did not make any comments as to the nature of reference classes within a particular science, Feigl (45, p. 192 ff.) touches on this problem from a point of view germane to the idiographic-nomothetic controversy and to the use of clinical concepts in general.

Feigl contrasts concepts referring to entities with concepts that take account of field conditions and functional relations. Many concepts based on entities are those we ordinarily associate with the unimaginative, humdrum types of data-gathering of the "shotgun" variety; the ". . . relatively crude level of categorization in terms of substances, causes and effects . . ." (45, p. 193). That psychology and psychiatry are replete with various entities used as bases for explanation seems beyond denial. That clinicians often rebel against the statistician's entities (usually in favor of their own brand) is also well known. Probably what takes place in this sub-division of the idiographic-nomothetic controversy is that the clinician tosses out all types of statistical and/or probability statements (based

on his attitude toward the more elementary and crude analyses of factors) and fails to differentiate between the *types of reference classes* used on the one hand, and the *logical necessity* for reference classes (desirably the functional type recommended by Feigl) on the other hand.[3] Thus we have a compounded confusion: failure to understand the logical conditions and logical nature of inference drawing, and the *empirical* task of delineating suitable reference classes and avoiding those that are not heuristic. It is little wonder that these two problems have not been separated, what with all the clinical emphasis on the uniqueness of the individual case and the typical actuarial emphasis on dispositional concepts, on factors, and the like. Both statistician and clinician, each blinded to the other's thinking, have been riding off in opposite directions away from an analysis of the logical problems involved in research and theory building. Each has accused the other of inappropriate *methods*, which we believe to be an entirely false accusation, on the other hand the manner in which data are gathered, the use of reference classes, the openness of this process, the reliance on entities vs 'field' existential hypotheses—all presumably the main features of a corrected version of the idiographic-nomothetic controversy—have remained unclear and have, moreover, obfuscated the entire methodological issue.

[3] It is probable that Feigl (46) has elucidated this point well in the following personal exchange: Wherever mediating links or intermediate phenomena can be discovered, these should not be excluded from research even if there may not be anything better than statistical laws concerning the mediating links themselves. To put it in terms of a crude illustration: there is clearly a statistical correlation between cohabitation and the birth of babies but you don't need to be an embryologist to suspect that there are mediating links to be stated between the peripheral or end terms of the correlations in question. Similarly one would look for mediating links between frequency (and intensity) of sun spots and magnetic disturbances in the earth's atmosphere and again in psychology the theory of the empty organism such as Skinner's cries out for supplementation by the processes inside the skin of the organism." To borrow Feigl's phrase the mediating links found in clinical psychology are quite different from those found in experimental psychology and each type of psychologist tends to try to put in mediating links (from his own experience) for the other person's theory. Tests often serve—however usefully—as mediating links (26, 40).

Not only have philosophy of science students brought our attention to some of the methodological problems inherent in the idiographic nomothetic dispute, but psychologists, too, have sought answers to the same problems Krech (100, 101), in searching for greater conceptual clarity and economy in the use of hypothetical constructs, keeps trying to reduce the pluralistic variety of phenomenological experience to a minimum number of constructs In so doing, he has exerted constant pressure toward stripping the clinician s multilingual expressions and inferred processes down to their bare essentials This would lead, we suspect, to the adoption of his notion of "dynamic systems for all phenomena—clinical and experimental alike—and to the wiping out of the notion that clinical phenomena is different from what every psychologist deals with The newer trend in motivational cognitive theorizing would carry with it implications for overhauling the 'clinical attitude" that, we suspect, would at least indirectly erase the need for an idiographic nomothetic type of controversy

In still more direct ways, Skinner (180) and Sears (172), in discussing, respectively, current trends in experimental and in child psychology, play their roles in helping to point out the kinds of research and theorizing that are not only beginning to make headway but that must make headway if these branches of psychology are to mature toward fuller scientific status

Skinner bemoans the fact that clinical study is still mostly dependent upon psychometry and that at the same time the clinic fails to adopt procedures of control and guidance in the handling of personality problems that would be akin to the experimentalist s ability to control appropriate variables in laboratory studies He states,

> This difference in accepting control has had far reaching consequences It is doubtless to some extent responsible for the continued effort to analyze behavior into traits, abilities, factors, and so on The end result of such a program is a description of behavior in terms of aspects rather than process It is a static rather than a

dynamic description and again it is primarily a correlational rather than a functional No one doubts the value of investigating relations between ability and age intellect and socio economic status emotionality and body type and so on The results may have important engineering applications But so far as the single individual is concerned we do not then proceed to *alter* age or body type or socio economic status Relations of this sort may make us more skillful in using the instruments of control already in our possession but they do not help us to acquire new instruments No matter how satisfactorily we may demonstrate the reality of abilities traits factors and so on we must admit that there is little we can do about them They give us an aspect description of behavior which may have a practical value in classifying or selecting the members of a group but they do not carry us very far toward the control of the behavior of the individual (180 p 25)

Here is an experimentalist with an interest in the individual case tantamount to the clinician s interest in same But his approach experimental in the traditional sense though it be, is to find variables the nature of which reveal process permit control and permit study of the single person This is to be achieved via an experimental route not through the study of the individual qua individual in the Allport sense It is to be achieved in the third stage of theory building—

NOTE

Skinner s position that in clinical work we lack the grip on behavior necessary to effect practical control is well taken Typically clinicians go off into diagnostic channels that are essentially unproductive In fact most clinical staff reports on cases are replete with descriptions and speculations but show very little interest in what to-do about it If one were to study these staff meetings comparing the diagnostic conference concerning a client with subsequent treatment outcomes it is highly probable that a striking difference implying poor diagnostic prognostic skills would be found in this kind of before after analysis This penchant of clinicians is related to the preconceptions clinicians have regarding depth personality theory and its implications for diagnosis and therapy Many clinicians feel they have done their duty when they have endlessly dissected the client They end with so many pieces traits and dynamisms that they are quite bewildered in the attempt to explain how the client can function and what one would have

to do to help him The emphasis is not only on traits abilities and factors—as Skinner points out—but on pathological aspects almost entirely One often suspects that clinicians get judged by other clinicians and thus also judge themselves on the basis of how many pages of pathology descriptions they can find upon examining a client

A proper theory at this stage would characterize the behavior of an individual in such a way that measurement would be feasible if he were the only individual on earth This would be done by determining the values of certain constants in equations describing his behavior—clearly a third stage enterprise (180 p 39) This certainly sounds like a resolution of the idiographic nomothetic controversy (although not aimed at that to be sure) because there is no conflict whatsoever between understanding the individual case and studying the average mind Proper conceptualization in the Skinner sense, the use of existential hypotheses in Feigl s sense (44), and so on simultaneously meet the demands of the individual case as

NOTE

It is difficult to see how the reifying of the individual case would not lead to an encapsulation inimical to science There is no provision for stating beforehand what a given person s reaction to a given situation would be no statement of the composition rules as Bergmann has called them Also the very essence of science as Feigl has pointed out

> *consists in the reliable correlations (functional dependencies) on the level of the directly observable* (44 p 38)

and this would be either precluded or reduced to total unimportance in the idiographic approach

well as the demands for large scale prediction The answer lies in the nature of the theory constructing done, which in turn depends upon the manner in which the scientist views his task and his ability to find invent or select the appropriate variables out of which to fashion his theory

Sears (172), taking off from the history of child psychology,

which we know to be replete with all manner of descriptive and normative leads, states the situation in this way

> The descriptive problems were endless for with respect to each of the variables examined there were essential ramifications into age and sex differences and these variables introduced the normative problems as well as the topographic (172, p 52)

And,

> From educators came a plea for general principles that would make the facts cohere that would permit of theoretical rather than actuarial prediction of behavior (172 p 52)

Sears goes on to discuss how the normative and descriptive problems got tangled up in the IQ controversy—referred to in the above passages—that was so rampant during the 1930 s and early 1940 s In this dispute we come hard up against a lack of theoretical sophistication and an unwillingness or inability to raise issues dealing with various content areas to a theoretical level Sears takes as an example

> the effects of foster home placement on Stanford Binet test performance Obviously we must discover that there *is* an effect before we have a problem, but once the effect is discovered the problem must be phrased quite differently if we are to derive *general principles from this relationship that is principles which* will enable us to predict *other* kinds of performance than that on the Stanford Binet from *other* kinds of experience than foster home placement These two empirical variables must be translated into systematic psychological terms of such a character that they may be identified wherever the specified conditions occur This is not simply a matter of arm chair logic it demands arduous and careful research But unless we find out what psychological variables constitute foster home placement we will never know more about children s potentialities for change than that a foster home *has such* and such an effect This is clearly an uneconomical fact to find out Research of that sort is expensive and exhaustive *Worse it must* be repeated endlessly, for there are dozens of significant social situations that may influence a *child s life—going* or not going to nurs

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"A proper theory at this stage would characterize the behavior of an individual in such a way that measurement would be feasible if he were the only individual on earth. This would be done by determining the values of certain constants in equations describing his behavior—clearly a third-stage enterprise" (180, p 39). This certainly sounds like a resolution of the idiographic nomothetic controversy (although not aimed at that, to be sure), because there is no conflict whatsoever between understanding the individual case and studying the "average mind" Proper conceptualization in the Skinner sense, the use of existential hypotheses in Feigl's sense (44), and so on, simultaneously meet the demands of the individual case as

NOTE

It is difficult to see how the reifying of the individual case would not lead to an encapsulation inimical to science. There is no provision for stating beforehand what a given person's reaction to a given situation would be, no statement of the "composition rules" as Bergmann has called them Also, the very essence of science, as Feigl has pointed out

> . *consists in the reliable correlations (functional dependencies) on the level of the directly observable* (44, p. 38),

and this would be either precluded or reduced to total unimportance in the idiographic approach.

well as the demands for large-scale prediction. The answer lies in the nature of the theory-constructing done, which, in turn, depends upon the manner in which the scientist views his task, and his ability to find, invent, or select the appropriate variables out of which to fashion his theory.

Sears (172), taking off from the history of child psychology,

sideration, however, leaves one grappling with problems of the individual vs the group, with the impulse to consider each successive case as different from the previous ones, and with the piling up of thousands of undigested facts that fit no pattern or conceptual mold

Another phase of the idiographic nomothetic problem needs to be mentioned Thus far we have taken for granted the clinician's assertions that he deals with the individual Some have *defined* clinical psychology in terms of its concern with the individual, qua individual (28)

It is natural that once psychology began to undertake large scale clinical responsibilities, as it did during World War II, it would recoil from much of the pat type of research and study of groups and individuals that utilized only crude psychometric and laboratory techniques At this time 'clinical psychology really began to be clinical in the more approved medical sense of the term, although this connotation, too, has had to be outgrown In so becoming clinical, its practitioners based their hypotheses on so narrow a concept of the individual that the individual's roles in the groups to which he belonged got short shrift, the focus was the individual qua individual It has been this over emphasis on *clinical* as referring only to the individual in the more isolated sense of the term that has aided and abetted the notions extant in the idiographic nomothetic controversy

At least one important clinician—Harry Stack Sullivan—has questioned the validity of the popular notions of the individual (191), and has placed the individual in a matrix of interaction with significant others" This notion of the individual is, of course, inherent in and necessary for his interpersonal position It is his notion, furthermore, that failure to consider person *A* as he *is* in interaction with others, produces a spurious and unproductive account of person *A* Person *A* should be subscript, as it were, to indicate the interpersonal framework from which he is being considered Here

ery school, having or not having his father in the home, living in a rural or an urban area, and so on It is the realization of the relative uselessness of piling up so many discrete and uncombinable relational statements that is turning child psychologists toward analysis of each empirical variable into its component psychological variables These latter can then enter into equations with one another and permit generalizations far beyond the confining conditions of any given experiment (172, pp 55 56)

Apparently the IQ controversy never produced the question, 'What are the general conditions under which an IQ change of a given magnitude can occur?" because the content areas of nursery schools, test performances, and foster homes were never raised to a theoretical level (converted into psychological variables, in Sears' terminology), and so one uneconomical fact was piled upon another

Herein lies a real and lasting lesson for the clinician He, too, tends to pile one discrete fact on another (most noticeably when he purports to deal with the "whole" person without theoretical guidance), and fails to reach a conceptual level providing for the economical interpretation of successive cases One often hears clinicians say, Why, each person is *so different* from others that no generalizations are possible,' until he almost despairs of ever reaching a level of discourse with them that would permit discussion of *scientific* problems concerning human beings

Too, herein may lie the idiographic nomothetic controversy in another of its chameleon like colorations Once we reach a conceptual level in dealing with a case (or cases), we are on firmer and higher ground, we can 'see over the terrain, and can place successive problems, cases or whatnot in perspective Most psychologists who have seriously and studiously considered the important theoretical problems of their science have, in one way or another, at least stumbled onto a distinction involving studies of content vs dynamics, of field related vs entity type concepts, of general principles vs particular, unique cases Failure to reach this level of con

the forefront in order for us to round out our present discussion

Psychologists have traditionally pushed their search for nuclear variables and for hypothetical constructs in what we might call the downward direction That is they have sought conceptual integration of molar behavior via the positing of molecular variables Sometimes the molecular search has been really microscopically molecular as in physiological and neurological constructs, and sometimes the search has led to slightly less molar concepts being chosen for their conceptual and integrative possibilities Thus Hull (80, 81, 82) seeks to handle most instances of molar behavior, by and through such elementaristic concepts as habit strength, drive, and reaction potential (in various combinations) Without going into detail here the reader can search his awareness as to how Skinner, Hull, Tolman, the psychoanalysts, the Gestalters, and others have found for themselves suitable constructs and as to the levels at which such constructs lie with respect to molar behavior (117)

NOTE

The aim in discussing molar molecular is not to further this dichotomy which Littman and Rosen (114) and Bergmann (16 17) have shown to be spurious These writers point out that the only meaning of the terms is in connection with reductionism By reducing psychology to physiology one reduces relatively molar concepts to molecular ones the present usage of *molar* and *molecular* implies this discrimination without implying a hard and fast dichotomy

In the field of psychological measurement, factor analysis gives the clearest example of how theory has led to the preferred choice of elementary variables presumed to include or subsume a wide variety of other variables

It is our position that instead of only analyzing 'down ie, instead of trying to find more and more molecular variables, psychology might also try to resolve some of its

the study of the individual qua individual is not only *not* an objective of clinical study, it is inimical to it and to a fuller understanding of person *A*, and to an interpersonal account of behavior

As we leave the older more conventional, clinical notions of the individual and move toward the more modern, more functional notions we have less and less need to make the kinds of distinctions made by Allport That is to say, the individual is merging into interaction patterns, into communication nets, into interpersonal configurations, rather than maintaining or enhancing his status qua individual This is particularly true in work with children (138) where parent child problems and the prevailing ways of parent child interaction are taken as the grist for the treatment mill, rather than just considering the child as an individual—eschewing the What is wrong with my child?' question—to be treated independent of any consideration of his place in the lives of others

The final aspect of our study of the idiographic nomothetic controversy arises indirectly from a consideration of the psychologist's choice of variables out of which to construct a scientific edifice In previous sections we have left entirely unstated any preference for behavioristic, phenomenological, personalistic, or other approaches or viewpoints in psychology The reader will have recognized that such strange bedfellows as Skinner, Sears, Krech—although they were making very similar points from our theoretical standpoint—would militate against any early agreement as to the choice of variables and as to many of the procedures in theory construction In this section we are not bent on any rapprochement among the above named psychologists nor do we feel that such philosophy of science strictures as have been suggested by Reichenbach and Feigl *necessarily* lead psychology into one or another systematic position What we do wish to state is that whatever the choice of variables and whatever the linguistic system followed, certain general considerations have to be brought to

vations are statistical totalities, ". . . and he infers that these objects consist of large numbers of elementary objects whose statistical behavior determines the features of the objects of observation" (153, p 127) While the physicist is concerned *with the statistics of microphenomena, the social scientist* is concerned with statistics of macrophenomena The social scientist, in this distinction by Reichenbach, ' observes directly only the *elementary objects,* and has to construct from them those statistical totalities which lend themselves to mathematical treatment (italics added) (153 p 127) Since these totalities are too widespread in time and space to be easily amenable to observation, this is at least one point where theory construction enters

Meteorology is said by Reichenbach to parallel the social sciences in this regard In meteorology, as in the social sciences, the scientist is faced with statistical elements out of which he has to construct the totalities This has been a difficult job thus far in the social sciences, and has not been without its difficulties in meteorology as well

Reichenbach elucidates further,

> It took a long time to define what a weather situation is such concepts as the path of a barometric minimum, or the location of a front, had to be elaborated from a multitude of individual data which do not indicate, in their immediate aspect, any structural grouping Had it been possible to watch the surface of the earth from some distance—say, from a vantage point on a space ship—it might have been possible to see a travelling storm center or a front in the way we see the eddies in a river There is no such vantage point possible for the social scientist His statistical totalities must remain constructs, inaccessible to direct observation They are in part *abstracta,* in part *illata,* i e , objects the existence of which can only be inferred with probability from observables (153, pp 127 128)

If we are to follow Reichenbach's suggestions of the close parallel between the social sciences and meteorology, with regard to their statistical elements and totalities, then possibly

methodological and theoretical problems by viewing theory construction as a task requiring the theorist to invest *still more molar,* rather than less molar, concepts From factor analysis studies there appears to be no way at this time of reaching higher level theories accounting for such diverse, but factored, results as are found in mental abilities on the one hand and personality measures on the other hand The two areas are quite distinct, although each has been reduced' to its proper factorial components Now the use of existential hypotheses, in the manner suggested by Feigl, would seem to the writers to allow theorists to move in the direction of inventing theoretical constructs useful for the task of conceptualizing findings from psychometric studies of both mental abilities and personality descriptions (Or, better, by re stating the empirical and theo retical problems so that one would be able to conceptualize these areas under the same theoretical structure)

The psychometrician and statistician, confronted with the enormous assortment of variables, have sought economy via the route provided by factor analysis The clinician, confronted with similar complexity, has often tried to reduce his obser vations to a physiological or pseudo physiological level Learn ing theorists, perception theorists, and motivation theorists have variously employed physiological and/or neuroanatomical theories, generally showing a preference toward "physiologizing psychology," or for molecular variables and concepts as expla nations for molar observations and findings Instead of grinding out, via the calculating machine, what are thought to be basic variables, the task becomes one of *inventing,* not discovering, useful hypothetical constructs *What is basic is what is con ceptually most useful* In turn, what is most useful is that which has the greatest predictive power The most useful concepts to date, judging from the more mature sciences, are inventions more than discoveries, or, at least, inventions so that further discoveries are possible.

Reichenbach speaks of a similar distinction He points out that the subject matter of the physicist's immediate obser-

closely tied to nomothetic knowledge that does not go beyond test results, and which fails to come to grips as much as it might with the problems people concretely experience in daily living

There is need for a view of psychotherapy, of psychological change, and of related personality considerations that can lie intermediate, in time and place and effort, and in scientific testability, between these two extremes a view that can develop a rationale supporting such intermediate practices based on general knowledge in the behavioral and social sciences The idiographic method applied to clinical work leads to impasses, to impractical dead ends to a boring in for the sake of itself, and to scientific views that are low on usefulness and heuristic promise The nomothetic view untempered and unextended by formulations such as conflict theory can trail off into in consequentiality and superficiality Both of these relatively unproductive extremes are to be avoided The study and resolution of the idiographic nomothetic controversy, as developed herein, should have the salutary effect of clearing up this false dichotomy, of developing alternative theory and practice, and of paving the way for the consideration of other clinical problems as well as for the spelling out of the importance of conflict theory and its applications

With the hope of having added clarity to the methodological issue considered here, and with the expectation that a broad theoretical base has been at least suggested attention is now turned to more specific theoretical points conflict theory, the general problem of the unconscious, and related issues having to do with personality problems and psychotherapy

the clinician is in a favorable position to view in terms of their interrelationships those statistical elements that are necessary before the statistical totalities (to be invented) can be invented Possibly some of our best clinical theory, relating the person to his social context and thereby learning more about the total setting, does just this In regard to the idiographic-nomothetic controversy, the distinctions concerning statistical totalities and elements or molar and molecular levels, help us to see the fundamental nature of the inference from data to theory, and to see that individual cases are in no way opposed to the understanding of phenomena in general [4] [5]

Clinical theory and practice, probably because they have both been developed in relative isolation from the rest of knowledge in the behavioral sciences, seem to the idiographic minded to require their own formulations, their own criteria of validity, their own notions of lawfulness One need turn to almost any book on clinical matters (in psychology or psychiatry) to confirm this statement Allport has stated the idiographic position most completely and most succinctly, and this is the reason his work has been alluded to so frequently in this discussion His writing epitomizes the idiographic position

The idiographic position also entails and promotes a view of man that partially appears in long term psychoanalytic practices Here the emphasis is on pursuing idiosyncratic elements without reference to economy, to general lawfulness in behavior, or to knowledge in other areas that can be brought to bear on clinical problems On the other hand, many counseling practices derive from and entail views of behavior that are not as constructive as they might be and that are too

[4] Relevant to the whole methodological issue is Carnap's distinction between two concepts of probability (27 a pp 23 36) The first concept is one that is analytic the second refers to relative frequency It is obvious from above discussions that our concern here and our difference with Allport has to do with the second notion of probability

[5] Meehl's discussion of clinical versus statistical prediction should be consulted in connection with more empirical considerations of the idiographic nomothetic controversy and with related issues not explicitly dealt with in this writing (122 a)

to at least account for what it is alleged to mean in human conduct.

Munroe's recent book (127-a) emphasizes in the discussion of the unconscious its *process* nature. But even if the emphasis on the unconscious is entirely in process terms, it does not gainsay the critical position taken here with regard to this concept. In more careful use, the terms seems to refer to processes "as yet unlearned" but this is a long way from demonstrating its necessity in psychological theory or, even more, its status as a repressed, known-but-not-admitted, hidden process. Everything that is as-yet-unlearned by the first person is regarded by the second person—who already knows of whatever it is the first person has not yet learned—as residing in the first person's unconscious. When looked at in this way, the theory of the unconscious is an exceedingly curious, clumsy, and misleading concept.

marks, there have been few efforts to contest the theoretical importance of the concept of the unconscious. Indeed, the place of the unconscious is apparently so secure in clinical thinking that one is often regarded as the most obtuse of heretics if he provokes discussion as to the heuristic value of this concept.

Under the rubric, "Divisional Constitution of Mental Life," Healy, et al (71), speak of the diverse strata or levels of mental life as being the conscious (Cs), the preconscious (Pcs), and the unconscious (Ucs). These writers give Freud's reasons for accepting the reality of the unconscious as follows: ". . . (a) the post-hypnotic carrying out of suggestions held in the Ucs; . . . (b) the evidences found through discovering the latent meaning of dreams; . . . (c) the discoverable bases for common slips or errors of speech, memory, action; . . . (d) the fact that ideas suddenly appear in the mind from somewhere outside consciousness or even that problems are solved without awareness; . . . (e) the small amount of consciousness at any one time in comparison to the latent content of the mind; . . . (f) the fact that through psychoanalytic technique various mental and physical symptoms are found to have their foundations in hidden mental life," and in general, that "analytic investigation reveals some of these latent processes as having characteristics and peculiarities that seem alien to us . . ." (71, p. 22).

CHAPTER THREE

IS THE CONCEPT OF THE UNCONSCIOUS NECESSARY?

Perhaps no concept in the history of clinical thinking has been more popular or deemed to be more necessary than the concept of the unconscious It has not only been accepted it has been rigidly held to as incontestable whether reified and interpreted as an entity or considered as a hypothetical construct (representing a process) (205) Except for passing re

NOTE

Regarding the unconscious as a hypothetical construct or as representing a hypothetical process (often the same as a construct) we may make reference to Whitehead s comments (205 p 148) regarding William James work on consciousness (85) Whitehead points out that James clears the stage of the old paraphernalia or rather he entirely alters its lighting (205 p 148) Whitehead says further Of course *matter* and *consciousness* both express something so evident in ordinary experience that any philosophy must provide some things which answer to their respective meanings (191 p 148) Perhaps the present plight is similar the unconscious is thought to be so manifestly self-evident in behavior that one has

It is unnecessary to develop all the traditional viewpoints regarding the unconscious One is familiar with the usage of the concept in current clinical thinking A puzzling contradiction, however, comes about in the modern psychoanalytic emphasis on the ego, in contradistinction to the id and the superego Leeper (107, p 31), in discussing current theories in personality research, says that in Alexander's 1948 book (2), " there are fourteen references to the term *superego,* sixty one references to the term *ego,* and only two references to the term *id*" (107, p 31) Thus while ego psychology has become more popular even in psychoanalytic circles, with a toning down of the importance of the id, nevertheless the concept of the unconscious seems not to have been altered However, it never has been clear just what relationships the id ego superego triumvirate had with the unconscious conscious preconscious triparte anyhow, so possibly one trichotomy could change remarkably while the other remained essentially the same

There is no reason to believe, however, that the unconscious has been much reduced in importance Fromm Reichmann (57) says that the aim of psychotherapy is to establish harmonious relationships between the unconscious and the conscious mental processes Indeed, the notion that psychotherapy is successful to the extent to which the unconscious can be made conscious is one of the most pat and popular in psychoanalytically oriented circles even among the non classical varieties of Freudian derivatives Fromm Reichmann says that the distinction between conscious and unconscious expresses not only a degree of consciousness but also a difference in the quality and means of expression (57, p 122)

the repressed material) The attitude taken here is that the real Freudian case of the unconscious is only quantitatively different from the rest of the notions of the unconscious and that we are fundamentally dealing in all these types of unconsciousness with the amount of alternative information necessary before an organism changes its behavior (or ideation or emotional status) This allows us to view behavior in terms of competing responses and motivational systems and to have no need for the concept of the unconscious—as this writing attempts to illustrate

Although Healy mentions that the concept of the unconscious has been a storm center, and although this author seems initially to recognize the hypothetical status of this concept, later discussions in his volume quickly disregard the tenuous theoretical meaning of the concept of the unconscious it is treated as if it were an entity For example, ' The Ucs does not become conscious because life situations do not call it up, or because certain repressing forces are opposed to it' (71, p 23) The more that is written on the unconscious the more complex and baffling a concept it becomes The unconscious contains not only repressed material from consciousness, such repressed materials are not the whole of the unconscious

Still other notions of the unconscious are promulgated it is timeless and the word no has no significance for it ' (71, p 23) It is further alleged to be non moral to ignore all social, ethical altruistic and esthetic, considerations, and to be endowed with certain peculiar attributes that sharply distinguish [it] from the type of mental functioning with which we are familiar (71, p 23) The only way we can know about the unconscious is to have the transformation or translation of the material of the unconscious into something conscious (71, p 24), which allegedly comes about only by and through deep therapy The unconscious develops early Healy, et al, quote Ernest Jones as saying ' The splitting of the mind into the conscious and unconscious regions takes place in the earliest part of childhood life, probably in the first year, and this splitting is the result of the conflict between the uncivilized and non moral endowments with which we are born and the inhibiting forces ' (71, p 25) [1]

[1] J G Miller s book *Unconsciousness* (125 a) attempts to discriminate between 16 definitions of the unconscious Most of these however seem to overlap and to refer to adjectival modifications of the noun Although we discriminate between various *measures* of memory—recall recognition relearning—this does not mean that we have *different* memories Miller s types of unconsciousness are probably not measurably different Miller s work does help to enunciate the real Freudian notion of the unconscious (see pp 20 42 233 235 and 238 239) by showing how it is made up of notions of repression limited availability (of what was repressed into the unconscious) and the absence of voluntary control (over

(13) that *elation* was projected into the stories thus suggesting " that this could not possibly be subsumed under the concept of projection as a defense mechanism, since there obviously was no particular need for the ego to guard against the 'disruptive' effects of joy Therefore it was necessary to examine further the concept of projective phenomena and to suggest a re examination of underlying processes (13, pp 9 10)

Bellak draws on Freud s *Totem and Taboo* (54) wherein Freud states that projection is not always serving the purpose of defense, but can be shown to occur devoid of conflict These considerations gradually lead Bellak into an apperceptive" interpretation of projection, since he considers the term *projection* too limited to serve the variety of purposes served by the term *apperception* He says,

> I propose that the term *apperception* be used henceforth I define apperception as an organism's (dynamically) meaningful interpretation of a perception This definition and the use of the term *apperception* permits us to suggest, purely for the purpose of a working hypothesis that there can be a hypothetical process of noninterpreted perception, and that every subjective interpretation constitutes a dynamically meaningful *apperceptive distortion* (13, pp 9 10)

Thus, while we have rid projection of some of its too broad and too cumbersome meanings, we have not fully elucidated the role of the unconscious in 'genuine projection" nor the role of the unconscious in the apperceptive distortions based on past experience Possibly Bellak is on the threshold of disturbing the venerable unconscious but has not gone far enough to carry out the mission

NOTE

The main point in Bellak s finding on elation and its projection into T A T stories relates also to Sears finding on projection and the attribution of traits (174) Both of these studies suggest the need for broader theory in that the inimical and dangerous were not all that was thus projected If we assume that one tends to apply his major hypotheses regarding himself to others as well, there is

NOTE

Fromm Reichmann further elaborates on the unconscious: "The goal of intensive psychotherapy, therefore, as I see it and as it is viewed by those to whom this book is dedicated (Freud, Goldstein, Groddock and Sullivan), is understood to be alleviation of patient's emotional difficulties in living and elimination of the symptomatology, this goal to be reached by gaining insight into and understanding of the unconscious roots of patient's problems, the genetics and dynamics, on the part of both patient and psychiatrist, whereby such understanding and insight may frequently promote changes in the dynamic structure of the patient's personality" (56, p. x)

Recent books on projective techniques (1, 7, 12, 50), while tending to place less emphasis on the role of the unconscious in projection, do not entirely obliterate the unconscious from projection and, in the end, leave one with a restive feeling as to the systematic place of the unconscious in projective theory. After reviewing several notions of projection, Bell says,

> The common elements of these definitions are that the process of projection is unconscious, that it serves as a defense against unconscious drives, that it results in the attributing to others of unconscious impulses, feelings, ideas, and attitudes, and finally that it reduces personal tension (12, p. 2).

Bell goes on to question how far such notions of projection really apply to the specific projective techniques and tests, concluding: "We can assume that the mechanism of projection as defined by the psychoanalysts does apply in certain instances, notably in such a test as the Thematic Apperception Test. It is certainly true, however, that most projective devices would not necessarily involve an unconscious process" (12, p. 2). It is generally true that clinicians of all persuasions tend to believe that projective tests "get at the unconscious."

Bellak appears to be slightly more cautious in interpreting the role of the unconscious in projection. From studies of projection involving hypnosis and the post-hypnotic influence of certain attitudes or moods on T-A-T protocols, it was shown

Even though the use of the term unconscious most often implies a place, an entity, we wish to consider its status as a hypothetical construct (involving a process) and to look at its probable value when thus construed (61, 117, 121) The unconscious thought of as an entity is too naive, too far out of line with all current thinking to require refutation

It has been observed by Conant (32, 33) that a theory in scientific thought is never overthrown by facts but only by another better theory His observation appears to be appropriate here in two ways first, because we have no facts, as such—that is, no body of empirical findings directed to the point—that would overthrow the notion of the unconscious and, second, because it is an alternative theory that is to be advanced here to take the place of the theory of the unconscious

Suppose a person known to be accident prone is walking down a stairs and he falls and breaks an arm Although we are not attempting to fill in all manner of biographical details for this hypothetical person, the fall doubtlessly would be considered by most clinicians to be an expression of the person s unconscious need to hurt or injure himself He has a need to punish himself," would be the typical—though not particularized—explanation of such behavior in one known to be accident prone Just how and when the unconscious is signalled off is not specified in Freudian or in any other depth theory of personality The closest approach to explanation is seen in the Healy, et al, volume, where they say,

> Freud brought up a very difficult problem when he asked the question whether there are unconscious instinctive impulses emotions or feelings, as there are unconscious ideas He insists that instincts themselves can never find representatives even in the Ucs except through the ideas that represent the instinct And just so it is quite beside the mark to regard emotions feelings, affects as unconscious, these are not in the Ucs in the sense that ideas are (71, p 25)

Since *ideas* are in the unconscious, next—possibly through association (although this is not specified in Freudian writings)

nothing roundabout or inconsistent, nothing requiring an expulsion (in the form of projection) mechanism, when we show that one tends to see others as he sees himself (139) Whether these traits are positive or negative, as applied to self or others, is irrelevant from the present vantage point There is, therefore, no issue of projection, for one is not thus "getting rid of" self undesirables by projecting them onto others The theoretical impasse created by the observation that positive traits, feelings, and attributes are thus projected as well as the negative ones is overcome by forming a new theoretical position In alleged cases of projection what we observe is the *domination* of given self regard hypotheses as they are applied (generalized, or as their narrowness henceforth limits the organism's perspective) to others

Others (20, 41) have been somewhat more concerned with projection as a presumptive psychological process and with the use of tests to ascertain the status of such goings-on in particular persons in clinical study. The idea seems current, although not explicitly stated, that what appears in the unstructured test protocol is not a function of unconscious striving, deviously expressed, but a more straightforward expression, though indirect, of feelings, attitudes, sets. It seems that in some quarters of personality theory, clinical psychology, and psychological testing, some evidence is beginning to emerge that the unconscious is being shaken from its sacrosanct position but in piecemeal and indirect and poorly articulated ways.

Somewhat different notions of the unconscious are expressed in the writings of Whitaker and Malone (204). Herein the unconscious is washed free of many of its unsavory connotations and seems to be made identical with spontaneous, unpremeditated, zestful, "natural" feelings and attitudes. They say,

> One of the transitions in our own work was the growing belief that the unconscious is more than a reservoir of pathology. It is also a healthy segment of our persons to be used productively and creatively (204, p. 4).

Science is considered by these authors not to have taken advantage of the fruits the unconscious can bear, while art has taken such an advantage and has profited therefrom.

around like a big shot, is always trying to do too many things," and so on We might thus build up a set of behavioral descriptions (and implied self perceptions) indicating that this man was, in the situation in question, too hurried (too busy affirming his self concepts) to take ordinary precautions, hence he stumbled, fell, and (say) sustained a broken arm

The broken arm was not the end to be achieved in this particular series of behavioral and perceptual events it was a by product He might have only torn his trousers broken the heel off his shoe, bloodied his nose or escaped unscathed What is significant is the affirmation of self attitudes in his behavior the rushing about, the failure to take ordinary precautions the I am so important I can t stop for anything attitude These attitudes, and the perceptions related thereto are the grist for the therapy mill (and for the theory mill, too) The additional positing of an unconscious that has suddenly and dramatically reared its head at a given moment is altogether superfluous It is also misleading

The position taken here is that as theorist or as practitioner, one is in a better position to understand the subject of this illustration if he deals with the perceptually present events than if one assumes that dark, inaccessible forces account for the observable events There is no dispute over the facts the difference arises at the level of theory construction and again, at the level of therapy

Because the full gamut of potential behavior is not always —or is never—present this is no reason to assume that those characteristics that are inactive (non functional) are really somewhere, held down, repressed, because of their inimical nature

Once we have gathered the relatively simple information regarding behavioral and perceptual events we are in a position to do something about them or to control them or to instigate a course of action (e g psychotherapy) in a manner that is effective We resort to facts that can ordinarily be ascertained, facts about the patient s own feelings and perceptions, facts

or else through some cue present in the immediate environment—the man who is walking down the stairs is led to fall and injure himself The idea of self injury in the unconscious makes contact with some environmental "reminder" and the man consequently takes the opportunity to fall down the stairs It is a foregone conclusion that this person is guilt ridden and must punish himself over and over in order to dissipate the guilt The cue calls up the potency (latent until this moment) of the repressed idea If the man had been walking across the street, painting a barn from a ladder, cleaning his rifle, or whatever, some incident in each of these situations could have incited and activated the potential energy contained in the unconscious and have led him to fall, to get run over, to "accidentally' shoot himself, and so forth The situation, itself, is unimportant in such a case except as it houses, as it were, the fleeting cue that, in turn, is connected with the repressed idea that spells self hurt in no uncertain terms

Now there are no experimental studies that attempt to deal with the significant facts, or the pattern of events, in this type of illustration It would be difficult to design and execute an experiment to refute (or to show the improbable status of) this kind of incident, or to experimentally test the idea that the unconscious acts in a manner at least similar to the one traced here One can only *infer* the presence of the unconscious as an *explanatory* concept and even this is a preferential choice, not one required by the array of facts

What we can do, however, is to turn the perceptual aspects of this type of situation inside out and take a fresh look at the accident prone person in question We can begin to look anew at the accident as follows

'What is this person like? 'What constituted his perceptual field at the moment he fell when descending the stairs?" These might be some questions with which to begin the inquiry Let us say (as we might easily find out by investigation) that the man had certain self attitudes that we might characterize as "considers himself very important," "is always rushing

that can be opened to behavioral and perceptual investigation Everything is above board, but our data are not thereby superficial or evasive The question of deeper causes' is simply irrelevant Any questions concerning the deeper wellsprings to action are verbal nonsense unless they can lead to operational specifications that are heuristic and to other economies not otherwise present in an explanation

Wherein, then, is the concept of the unconscious needed in this illustration? One might say that it is not needed in the present example but that the example is an atypical one, or one that does not allow for the greatest use of the concept of the unconscious

Let us look at another example [2] A patient complains that his wife is unpleasant to him, and about his loss of feelings of love toward her A moment later in the therapy the patient expresses consternation over the fact that since he has been home on vacation during the past few days he has felt particularly uncomfortable The point seemingly in favor of the concept of the unconscious is that this patient is allegedly unconscious of the relationship between his present discomfort (associated with being at home and around his wife who is a housekeeper) and his earlier statements of his feelings toward his wife This gap represents an unconscious state of affairs, or, put another way, the resolutions of the gap in his thinking with regard to these two states of affair lies as yet in the unconscious Thus, in principle, one might argue for the unconscious

Now the position taken here is that the connection between these two events is not in need of an unconscious link It is the *therapist's* hypothesis as therapist (or as theorist) that such a linkage is desirable or is required It is an act of theory to posit the unconscious here, not a matter of fact One can deal entirely with the affirmations (or assertions) of the patient, considering them as examples of more general hypotheses (or self or self others attitudes), which, when subjected to a broader

[2] Suggested by Drs D N Wiener and C H Patterson in a discussion of the concept of the unconscious and its status in clinical theory and practice

range of information, will (or can be) altered more easily Strong alternative hypotheses, set in a conflict, are asserted (or are up for testing) in this case The man in this case is really concerned about the validity of certain self attitudes (that he is an ordinarily good husband, that good wives ought to love and respect good husbands) that are up for test Doubt about himself cast by his wife, the act of her disconfirming his self attitudes, leads to some consternation lest these hypotheses about himself be in error, or be in need of some correction One can, in theory and in therapy, too, lead off entirely with the kinds of statements, behavioral events and perceptions that the person uses as assertions, as affirmations

The problem with the man in question can be looked at as one would look at a case in problem solving behavior This vantagepoint helps take the hidden notions out of the clinical examples If we were to look at the gap in this man s feelings and thinking in a problem solving way (where, for example a person might fail to put two loose ends of a problem together and thus fail to find the solution), we would have a clearer view if we saw that the two ideas are not kept apart by unconscious operations, by repression The gap between the two sets of ideas is not created by an unconscious pull—instead, the situation is that two different hypotheses or sets of hypotheses are operating at closely adjacent times The behavior of the moment and its fluctuation, arise from the different values of the alternative hypotheses that come to the fore as information is fed into the person from whatever sources The clearest example of this sort of vacillation is seen in the to be or not to be soliloquy of Hamlet, in the behavior of Masserman s cats (120) in the behavior of the rats in the Phillips and Hall study (140), and in countless similar instances in clinics all over the country where people are treated

Let us return to consideration of Freud s reasons for postulating the unconscious We wish to indicate the direction that present answers would follow, without attempting to give all the details associated with such answers

that can be opened to behavioral and perceptual investigation Everything is above board but our data are not thereby superficial or evasive The question of deeper causes is simply irrelevant Any questions concerning the deeper wellsprings to action are verbal nonsense unless they can lead to operational specifications that are heuristic and to other economies not otherwise present in an explanation

Wherein then is the concept of the unconscious needed in this illustration? One might say that it is not needed in the present example but that the example is an atypical one, or one that does not allow for the greatest use of the concept of the unconscious

Let us look at another example [2] A patient complains that his wife is unpleasant to him, and about his loss of feelings of love toward her A moment later in the therapy the patient expresses consternation over the fact that since he has been home on vacation during the past few days he has felt particularly uncomfortable The point seemingly in favor of the concept of the unconscious is that this patient is allegedly unconscious of the relationship between his present discomfort (associated with being at home and around his wife who is a housekeeper) and his earlier statements of his feelings toward his wife This gap represents an unconscious state of affairs, or, put another way, the resolutions of the gap in his thinking with regard to these two states of affair lies as yet in the unconscious Thus, in principle, one might argue for the unconscious

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NOTE

Hall seeks ' to bring dream theory within the context of ego psychology by defending the proposition that dreaming is a cognitive process ' (67 p 273) Hall attempts to clarify some of the loose use of *perception* and *conception* in pointing out One *perceives* a wintry landscape when one looks out at a scene as it exists in the world and incorporates through the eyes a pattern of light waves which is the raw material for the formation of a perception One has a *conception* of winter when one thinks of it as being a time of cold weather, snow short days icy streets and bare trees" (67, p 274) And To interpret a dream means ac cording to the theory presented in this paper to discover the con ceptions or conceptual systems of the dreamer These conceptions may be inferred from a number of lines of evidence some of which are as follows (*a*) the actions and qualities of the dreamer in the dream, i e , the role or roles played by the dreamer, (*b*) the kind of characters introduced in the dream (*c*) the actions and qualities assigned to them, (*d*) the nature of the interactions between the dreamer and these characters and between the characters them selves (*e*) the setting or dream scene (*f*) transitions within the dream, and (*g*) outcome of the dream The final objective of dream interpretation is not to understand the dream but rather to under stand the dreamer' (67, p 275) The lines of thought proposed by Hall illustrate the general viewpoint that the present work assumes, but in more detail It is evidently possible and theoretically useful to attempt to re conceptualize dreams in the manner suggested by Hall

No different formulations are required for common slips or errors of speech, writing, and action What is significant here, as well as in the above mentioned considerations, is what the person is affirming, what he is asserting, what hypotheses he is living by The question as to what lies ' behind" a given segment of behavior is a theoretical question involving the development of constructs that have an overall meaning in the economy of a given science The question could be put just as well if one asked what lay "in front of ' or "over" or "under the behavior in question This kind of a theoretical question should not be construed to mean that behavior is piled up layer upon layer, in the manner of a cylinder shaped object, and

As to post hypnotic suggestion, our explanation of this process largely follows that of Sarbin (166, 167) who offers a self theory dealing with hypnosis He sees hypnotic behavior as explicable on interpersonal grounds, specifically that of role taking he organizes hypnotic phenomena under general social psychological conduct As is well known, hypnosis has long been a problem partly because it has been stripped of any relation ships with other social and interpersonal phenomena Post hyp notic suggestion is to be understood from the role taking view point, in terms of the immediate interpersonal field, and as a function of the narrowing of the perception of the post hyp notic individual There is nothing qualitatively different about hypnotic or post hypnotic behavior as soon as this is realized the possible solutions to the problems they present become discernible without recourse to the concept of the unconscious

Dreams and their latent meanings do not represent a separate category of behavior or experience (67, 68, 149) Freud s work with dreams finds its importance in his willing ness to accept them into the scientific arena as worthy of study and attention as well as in his pointing up their usefulness to the individual and in his seeing his way around the prevail ing notions of his day that made them other worldly Freud s contribution lies not in his explanation of dreams, but in his sensitivity to them as data Altogether, in Freud s works, dreams included, *the questions he has raised have been more important than the answers he has given* From the present viewpoint dreams would be but another example of the hypotheses upon which the person was operating they would show what the person was affirming or what attempts at affirmation were being disconfirmed Dream reports would be related immediately to other, more obvious and more accessible behavioral and per ceptual data They would not be considered, for example in therapy, as indicative of unconscious needs or as the road to the unconscious Dreams are in the same category as other data in that they, too, require research study and need to be fitted in with other information about the person (149)

they constitute constructive and non dogmatic signs of enlighten ment on the therapeutic front

We emphasize that in all types of activity, whether it be sensing, remembering, or moving, our blind spots and rigidities are in some aspect aware and not completely buried in an inaccessible "un conscious" What is necessary is to give whatever aspect is aware more attention and interest so that the dim figure will sharpen and become clear against its ground (136, p 117)

And,

. . if taken absolutely "Unconscious" and 'Conscious" . , this remarkable division, perfected by psychoanalysis, would make all psychotherapy impossible in principle, for a patient can not learn about himself what is unknowable to him This theoretical split goes with an underestimation of the reality of deliberate speech, thought, and introspection, and in general, with the Freudian absolute division between 'primary' (very early) thought processes and 'secondary processes Correspondingly the 'id" and the "ego" are not seen as alternate structures of the self differing in degree—the one an extreme of relaxation and loose association, the other an extreme of deliberate organization for the purpose of identification—yet this picture is given at every moment of psychotherapy (136, pp 242 243)

And much to the point emphasized herein

So again, we do not ask the patient not to censor, but to con centrate on how *he censors, withdraws, falls silent, with what muscles, images, or blanks Thus a bridge is made for him to begin to feel himself actively repressing, and then he can himself begin to relax the repression* (136, p 249)

One of the inconsistencies in the Perls et al, volume is the failure to follow through on a viewpoint and to carry out its im plications They have no more need for repression than the present writing does but they do not fully dispense with it in their com ments and in their developments of thought when not dealing directly with repression As a further example of this point

The patient was not in fact "mechanically" producing the stream of association but was, though unaware of it, expressing certain tendencies, circling back to certain emotional needs, and trying to fill out an unfinished figure This was, of course, a capital proof of the existence of the unconscious, the question is whether it is useful for psychotherapy (136 p 327)

that the explanation of each layer depends upon what is found in the layer just below it

All other Freudian reasons for the necessity of the unconscious are to be given the same treatment Ideas suddenly appearing in the mind are to be traced not backward and downward but so to speak peripherally outward in the behavioral and perceptual field currently active Their place in the total behavioral context is to be sought their relationship to ongoing assumptions is to be understood The small amount of full awareness (in the sense of articulate labeling) available or present at any given time segment merely refers to the limits of perception in a physical and neurological sense and to the still greater narrowing effected by the on going assumptions operative in the person environmental matrix The latter observation H S Sullivan called selective inattention but he did not go on to develop the possible meaning of this in a non depth sense

So called hidden facts hidden phantasies hidden ideas which are so earnestly sought after in psychoanalysis do not from the present viewpoint represent hidden nuggets or nuclei Rather, they are part of the positive assertive affirmative behavioral and perceptual field of the person and can be assessed in this manner From the viewpoint stated herein the findings of psychoanalysis would be taken over for re interpretation (and for factual corrections in some instances) There is no quarrel with observables but there is an enormous difference in what is made of the observables what meanings are given them and how they are woven into the woof and warp of theory and practice

NOTE

It is necessary to devote some space at this point to the Perls et al volume in order to clear the board regarding uncommon views of the unconscious Perls writing is directly in line with the present volume But he does not develop his ideas does not relate them to behavioral sciences in general and seems not to be concerned with placing them in a research context However limited as they are

for their failure to separate the notion of "life space" (from Lewin) from the phenomenal field. Smith says,

> His (Lewin's) life space is not immediately given in the concreteness of experience; it is an abstract, hypothetical construct, inferred by the psychologist-observer to account for the individual's behavior (183, p. 518).

The issue here is, again, one of theory construction. Is one going to allow a theorist to promulgate constructs that are free from concrete reality at a raw-factual-data level? Snygg and Combs may not have been clear about the phenomenal field (as a concrete, perceptual reality) and its relationship to theory-developed constructs (184), but this criticism is a far different one from what Smith tries to make it. Smith seems to contend that a theory—any theory—requires a particular kind of causal field, that it has to have a historical or genetic bias, and that a phenomenological causal field is inadequate because it fails to separate what is phenomenologically present from what is abstracted therefrom.

If a child whimpers and cries when he sees a man in a white coat, this is to be understood as a hypothesis that states, in effect, "Men in white coats are dangerous, they will hurt me, so I am afraid." Stating this at the theory level *as an hypothesis* is one kind of scientific operation; observing the child's withdrawal and fear reactions is another. The latter does not require a genetic and historical factual basis as a spring-board. The child does not—and cannot—state his feeling (or his phenomenological field) in so many words; it is completely irrelevant whether he does so. We can develop theory (and practice emanating therefrom) leading to the understanding and control of such behavior in a child without alluding to the unconscious, or to the child's history, and without assuming that the child's fear has to be clearly and sharply differentiated (verbally, symbolically) and communicated to us via our preferred channels (words). By and through his behavior, we infer the child's cognitive state which, in turn, gives us the potential

NOTE

Bachrach (9, p. 375) makes a point about delusions in patients that fits well with the general orientation expressed in this writing. Our reference to Bachrach revolves around the stressing of affirmation and assertion in the patient, and the using of this for the therapeutic enterprise instead of using the highly indirect and untestable theoretical interpretations extant in clinical practice. Bachrach points out that

> . . . *a possible alternative definition . . . of a delusion . . .* is . . . [*that it is*] . . . an idea expressed by the patient which the therapist may be deluded into taking literally. (9, p. 375).

Bachrach also stresses the point that the patient is communicating something in allegorical or symbolic terms and is also testing whether the therapist can understand him. What the delusion means, then, in the terms of this writing, is in the symbolic and allegorical connections it has, in the affirmation or assertion (of concern, fear, doubt, hate) it contains.

To an extent Snygg and Combs (184, 185) have anticipated some of the present comments and general viewpoint. In considering whether behavior is ever unconscious, they say a theory that posits the unconscious does so because it selects an ". . . inadequate causal field" as the starting point for theory (185, p. 523). They maintain that if one is concerned with the present field he need not go far back in time in order to establish causal connections. One difference, then, between a theory that operates from a contemporary causal field and a theory that takes the biographical history of the person as the operating base is a question of how far back in time one searches for causal connections. If it is a matter of the *choice* of a working model, then it follows that a notion of the unconscious as a particular reference base is certainly not *necessary*. The question then becomes, as has been indicated above, not one concerned with the truth or falsity of the presence of an unconscious but with the value such a construct has in the total scientific economy.

Smith (183) has criticized the Snygg and Combs position and has questioned the adequacy of the contemporary perceptual field as a theoretical model. He criticizes Snygg and Combs

to emphasize, as Cameron does, the inhibitory characteristics of that which is allegedly repressed Also tension reduction, long the bulwark of reinforcement theory, seems to be of limited value in understanding the problem of repression

Instead of concentrating attention on the motivational significance of what is supposedly absent (repressed), the viewpoint here is that it is more productive to operate on the basis of finding out what the person is affirming or asserting by his behavior A child who is punished when he strikes his younger brother is not to be understood as repressing this urge when, at a later date, he does not strike his brother when provoked but, rather, the child s behavior is to be understood in terms of the increase in potency (strength) of the hypothesis I will get along better with my brother and with everyone if I act differently toward my brother when he provokes me This hypothesis is then confirmed in the day to day interpersonal relationships between brothers and between each and the parents It is relatively easy to find the basis for the present cognitive field this way, and it is relatively harder to show how something that is not present can be the instigator or director or sustainer of behavior The causal field that emphasizes what people deny, the repressed, non present factors is most difficult if not impossible to experiment with and is conducive to cumbersome, non productive therapy methods From any scientific viewpoint, it becomes extremely hard to grasp behavior, in either practical or conceptual terms when everything that is allegedly relevant is so inaccessible so deeply buried

Even tough minded neo behaviorists such as Dollard and Miller (39, pp 254 255) seem to accept repression in the classical depth vein In discussing the therapist s role in recognizing repression in the patient, they say that the therapist s hypotheses about the patient often refer to what is repressed, those motives which are present and active but inexpressible ' Also,

> The therapist listens at once to the patient and to the sentences that dart into his own mind concerning the patient s account of his behavior In the best case these sentences which the therapist

power to change or ameliorate his behavior Such a viewpoint also gives us a great conceptual advantage when studying animal behavior general information theory, and communication systems—whether man or machine This, in turn, enables us as scientists to bring wide areas of knowledge to bear on human relations problems and to be free from the constricting notions that only that which begins and ends at the human level has any human significance

The notion of *repression* is closely tied to the notion of the unconscious Indeed repression is the mechanism whereby conscious material is made unconscious and kept unconscious Part of the dynamic operation of repression in psychoanalytic theory is represented in the mobility of repression Ideas once repressed keep popping up at odd times and in inappropriate settings That which is repressed does not stay repressed but returns through devious routes

Cameron and Magaret (27, p 341) deal with repression from Cameron s biosocial viewpoint differing with Freudian formulations mainly around the idea that what is important is the *degree* to which material has been repressed or, said in another way, the degree to which self values are accessible to one s awareness Cameron does not take the conscious unconscious dichotomy as gospel he views repression as falling on a continuum from low to high degrees of accessibility to self reactions (27, p 341) For Cameron, repression is a specific instance of *exclusion* (27, p 341) Coupled with his notion of degrees of unconsciousness and degrees of repression, Cameron says that repression is characterized by inhibition directed toward behavior that is tension provoking and thus it differs from the kind of forgetting that follows from fatigue or interference

Viewing these problems as representing degrees of unconsciousness or repression (on a continuum) is certainly a more modern and a more heuristic viewpoint than the classical Freudian one From the present viewpoint, it seems to be unnecessary

to emphasize, as Cameron does, the inhibitory characteristics of that which is allegedly repressed Also, tension reduction, long the bulwark of reinforcement theory, seems to be of limited value in understanding the problem of repression

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can make, but which the patient cannot make, describe that which is repressed in the patient's mental life (39, p 225)

These authors equate the unconscious with the unverbalized, the unlabeled This seems reasonable until one realizes that no animal behavior—so far as we know—is thus labeled, and that most human activity is carried on beyond the pale of continuous verbalization We have no need in most instances to verbalize or label our locomotion, and might find it extremely difficult to do Yet this is hardly unconscious or repressed in the Freudian sense of the term (125 a) From the present viewpoint, the reason that the patient mentioned in the above quotation from Miller and Dollard cannot at once verbalize his plight is that he is caught in the throes of conflict And it is precisely this freedom from conflict around the crucial issues that permits the other person, the therapist, to be able to verbalize so glibly the patient's mental state and 'give advice"

Mowrer (130, p 74), too, expresses a classical depth view of repression

> some conflicts are so severe and their solution so difficult that *the constructive use of anxiety is abandoned* When anxiety proves intractable to all ordinary modes of response, the ego may institute, half deliberately, half automatically, the fateful strategy of *dissociation*, or, as Freud preferred to say, *repression* The essence of this strategy is that the conflict is resolved, not realistically and integratively, but by a more definite *separation* of the elements of the conflict it takes two forces within a personality to make a conflict and if one of these forces can be banned, excluded from the arena of consciousness locked up, then peace can be restored, even though it be achieved at the cost of partial self repudiation, partial self destruction

Here the emphasis is plainly on the locking up of inimical, conflictful ideas, impulses, forces Although there is an attempt on the part of Mowrer, Dollard and Miller, and others to see repression as a dynamic operation, they still give it far more emphasis as a substantive kind of thing, as a mechanism qua

mechanism as an entity associated concept than the present viewpoint would In the present viewpoint the give and take between conflictful forces is emphasized and the presence or absence of a given item of behavior is attributed to the strength of the hypothesis under consideration—not to repression

NOTE

Blum (18 pp 120 125) gives as good an analysis of experimental studies of repression as can be found in a short space For other summaries of experimental studies one may refer to Sears (170 171) Rapaport (151) Zeller (208 209) Korner (99) and Taylor (195) Blum offers four criteria necessary to an operational definition of repression (1) disturbing ideas related to conflict provoking impulses (2) unconscious processes whereby the ideas are removed from awareness (3) continued striving for some sort of expression while in check and (4) renewed availability for conscious expression under benign conditions (18 p 121) Blum feels that only Keet s study (86) has really met the four criteria and captured the original clinical meaning of the term As to his four criteria and their relevance for the present arguments against repression and the unconscious the following may be said As to criterion one regarding a conflict provoking impulse it is contended herein that there is no psychopathology in the absence of conflict (see Chapter Four) hence there would be no disagreement on this point Criterion two—unconscious removal of ideas from awareness —is the crux of the matter and is dispensed with in the present viewpoint What happens in the place of alleged repression it is contended here is that those ideas that are relevant to on going affirmations and assertions are (or become) functional other ideas remaining unused—those allegedly repressed—like the irrelevant roads printed on a road map are simply not attended to are not needed hence are not present in the behavioral field As to the third criterion—striving toward some sort of expression—it is contended that under conflict conditions there is much striving and shifting and that this striving—the pro and-con nature of the organisms behavior with respect to a goal area—is manifestly evident and in no way requires the concept of the unconscious (or what has been repressed) The fourth criterion—renewed availability under benign conditions—is treated at length in the chapters on psychotherapy (cf Chapter Five) and is related to the *structuring* that goes on in psychotherapy rather than to the dredging up of allegedly repressed material

Other so-called defense mechanisms (or dynamisms) are subjected to a similar analysis in the conte[illegible] theory presented

herein For example *reaction formation* upon analysis and quantitative study (110) turns out to be something considerably different from the original clinical (flip flop) version (18 p 125) because the conflictful features underlying reaction formation are placed in the context of experimental conflict study and not in the context of a theory of the unconscious The so called opposite behavior (i e opposite to social demands or opposite to instinctual demands) arises in the conflict context and is not due to the pushing up of behavioral tendencies from an unconscious repressed source

Rationalization is subjected to reinterpretation on the basis that its conventional usage represents a *value system* derived from the observer (clinician theorist) and *imputed to the behaver* (client patient subject) In rationalization from the present vantage point what occurs is that the person is in conflict and the temporary or momentary strength of his desire —e g to go to a show—outweighs the one to stay home and study While the behavior that is manifest or asserted is in opposition to its conflictful opposite the behavior that is asserted is not spurious and does not really represent its opposite Thus to say that the client is rationalizing his desire to leave a duty and engage in a pleasure when he grapples with the choice between the two alternatives is to oversimplify the situation and to attribute behavior to the wrong set of motives The conventional practice in interpretation tends to put the client in bad light and to assert that when he s bad he s bad but when he s good he s also bad These flip flop versions of behavior are maintained because there has been a too skimpy analysis of conflict From the present standpoint rationalization does not occur except through imputing the motives and perspective of the observer to the behaver It is clearly a value system and reflects not the status of the behaver s perception but the observer s own value analysis In fact the whole system of Freudian and depth theory is at least in part an enormously constricting value system that melts away when careful analysis is made of the derivations of its thought

Projection is similarly treated Conventionally in the clinical context it represents one thing but upon analysis in conflict terms it comes to represent something different and thus requires a fresh theoretical outlook if the conventional theoretical impasse and inconsistency are to be overcome

Thus the whole notion and structure of defense alters It becomes converted in the present version of clinical and personality theory into a matter of determining what the person is asserting and affirming and of developing theory and clinical techniques there upon The whole clinical field is laboring it is contended upon contradictory and irrelevant and value laden assumptions and has to be drastically altered if clinical practice and the personality theory that is related to it are to thrive and develop scientific status

Moving away from the more limited instances of defense

mechanisms, we need to be concerned, also, with broader psychiatric classifications, so-called, such as "psychosomatic conditions" and "obsessive-compulsive" states. These conditions or states present no special problem from the present viewpoint In the interest of explaining obsessive compulsive states, it is evident that conflict has narrowed and constricted the person so that he finds it possible to assert himself and his worth only in relatively narrow and unproductive ways. For example, one is reminded of a very bright 25 year-old would be engineer who failed several attempts to put himself through professional school At 25 he was still very much at loose ends, even in terms of general direction, in his vocational life He presented, in part, such symptoms as going back repeatedly to check the door to see if it was locked upon leaving his room, and starting and stopping his car a number of times before daring to take off on a mission

From the current position, these obsessive compulsive features of the young man's behavior arise out of his assertion, in effect, "I can at least check the door to see if it is locked," and "I can be doubly sure of the car's brakes before driving off," and the like Little, uneventful, easily tested problems are used as the battle field between self assertions and the larger life possibilities that tend to disconfirm one's self assertions. This young man had been very badly "spoiled" by his parents, had been handled with "kid gloves" as we say, had been given satisfaction for every whim, and had thereby developed great dependence upon others, but a correlative lack of self dependence and a consequent inability to fend for himself when put upon his own at college. His compulsions, therefore, arose not out of unconscious breakings out, but from his constriction, and from his self-assertiveness in such a limited and inconsequential way

The psychosomatic conditions are handled in the same way except for some slight differences in the possible cultural social milieu typically associated with such patients The psychosomatically involved person is, also, trying to deal with conflictful motives and aims It is as if such persons saw themselves not as beings partly psychological, but only as physical beings, they focus relatively more upon themselves as physical, physiological, anatomical organisms. This kind of self view could be tested in appropriately designed research; tentative evidence seems to come from such clinical studies as the Rorschach where psychosomatic patients are often found to have a predominance of "anatomical" responses Any personal dissatisfaction is expressed in somatic terms, not in psychological terms Culturally, these people are often of low status, have had very little schooling Among the brighter and better educated psychosomatic patients, one probably would find a different set of self notions but some that would overlap with those stated above, to wit: seeing one's self not in psycho social terms but primarily in s[illegible]

The amnesias of combat neurosis might seem to some, as they do to Dollard and Miller (39, p 201 ff), to be a clincher for the reality of repression Their version of this phenomenon follows

> We would analyze the learning of this repression in the following way During combat the soldier is being stimulated by many external cues He is also producing internal cues by his perceptual responses his labeling of the salient features of what is going on, and his thoughts about what he is doing The traumatic conditions in combat attach strong fear to all these cues *This fear generalizes to other similar cues and the stronger it is the wider it is generalized* [Italics added] Later when the soldier starts to think about what happened, his memories or to speak more exactly, his thoughts and the images they provoke are cues similar to the ones that were present in combat Hence these thoughts and images evoke extreme fear As soon as the soldier stops thinking about his experience in combat, the cues eliciting the fears are removed and the fear is reduced *This marked reduction in the strength of fear strongly reinforces the response of stopping thinking* [Italics added]

While the writer greatly admires these authors attempts to deal in experimental terms with clinical phenomena, he disagrees with their emphasis and with its implications Instead of saying that the fear of combat generalizes to other cues, the analysis proffered here is based on an intense conflict between self preservative forces on the one hand (the hypothesis being asserted by the soldier is 'I want to live'), and duty on the other hand ('I have a job to perform, buddies to support, and it is not easy to get out of here anyhow) As the intensity of the conflict increases and as the self preservative motive is challenged, its confirmability is severely threatened by other activities and perceptions By narrowing the range or field of perception (a common response to threat) the individual actually and psychologically increases the chances of confirmation of his self preservative motives, or, at least, those chances are not further threatened and can hold their own In an extreme case where the self preservative hypothesis is up for crucial test, the amnesia state results If the external threat subsides, owing to a

change in the battle conditions or to the soldier's removal from combat, the degrees of freedom for alternative hypotheses are thereby increased and the patient can begin to respond to these altered conditions and move toward normalcy

The patient doesn t stop thinking, as per Miller and Dollard, but shifts and narrows his hypothesis range He keeps affirming his self preservative aims at whatever cost until he is completely overcome He is like the person who continues to bet on the same outcome though his reserve is dwindling and his chances for success are remoter with each failure to predict [3] By the same rationale we could account for the amnesia victim in such a setting who loses his identity, who becomes oblivious to time, place, and person In such a case the narrowing of the perceptual field would be such as to exclude his own identity (for all intents and purposes) because, we would allege, of some act of commission or omission so great as to seriously lower his self esteem and make him unworthy of himself ' In such a case his lack of self identity would still permit self preservative acts and might, in battle still stave off the final test of selfhood (death) By altering the value of the conflictful variables—by lowering the avoidance characteristics, specifically—the am nesia victim can ' recover himself and move toward greater flexibility behaviorally and perceptually What one has to do for such a person is to permit a change in the nature of the conflict situation, to permit the self preservative and self en hancing hypotheses to reach an easier, simpler level of confirma tion

Whenever theorists or therapists place strong emphasis on the unconscious and on repression, they tend to over extend even

[3] It is contended here that one does not stop thinking in the face of con flict but tends to draw in or draw back on or narrow his hypothesis range The failure to clearly note in clinical interviews that one s behavior narrows so to speak has led us to say that the subject (or patient) has stopped thinking Either subjective reports or psychotherapeutic analysis of experiences or experimental studies seem to bear out that the probability of literally stopping one s estimates of whatever he is confronted with is nearly zero We might discriminate be tween such statements as can t think " don t think stop thinking and the more careful and more germane statement that the thinking narrows shifts becomes less resourceful in the face of conflict

the depth position itself Thus Freud (55), Dollard and Miller (39 p 217), and Sumner and Keller (193) and others speak of how the superego and cultural forces and mores are also unconscious For example, Dollard and Miller in their discussion of the unconscious and of the learning of repression (39, p 217) say

> Some of the strongest moral sanctions of our society seem to function directly without the modification of verbal cues and sometimes even without the labeling of what is involved

Once something is said to be unconscious in this way, it seems to become mysterious and inaccessible, and a chase is instigated to discover its presence and its meaning By this token, too all items not labeled or verbalized are part of the unconscious It is only a short step to the racial unconscious and to all manner of subterranean forces that make for a variety of illusory objectives in personality theory and in psychotherapy As yet undiscovered scientific laws are thus said to reside in the unconscious, the great inventions of the future are really present' in the unconscious and have to be ferreted out

The problem of theory construction is faced with tremendous responsibilities if it is to deal scientifically with so important and so illusive a force as the unconscious Interestingly enough, theory construction actually stops at the point where the construct, the unconscious, is introduced "In the past 50 years, clinical theory has shown little or no recognition of the nature of the problem of theory construction vis à vis the unconscious and no experimental work on the unconscious, save that which seeks to demonstrate the existence of repression, has been accomplished This record is hardly an encouraging one for the future of the concept of the unconscious

Tension reduction is, likewise, a too narrow concept As Allport (1, 5) has indicated, there are instances where human beings deliberately promote the buildup of tension instead of always seeking relief from tension The notion of hypothesis confirmation can be a more useful concept Reference is made

here to other, more extended instances of the role of hypothesis confirmation in behavior theory (145, 146, 147) Briefly, tension might be built up rather than diminished on the basis of some such hypothesis as social approval For example, dare devil adolescent 'hot rod drivers, who take all kinds of chances with their own and other people s lives, do not so perform because they are reducing tension from some deep blockage or frustration of needs, but because such behavior aids in the confirmation of the driver s hypothesis that he is clever, smart, skilled, brave These hypotheses are on going, vital, active, positive in the daily lives and interpersonal contacts between the adolescents who behave in this manner Primary group identifications (106, 124, 155) are most germane here [4] It is too difficult, or too nearly impossible to establish that such behavior as characterizes hot rod drivers takes place because it represents a substi

[4] Some might contend that this example and explanation overlooks the need problem and confuses it with the topographic problem The need here if one wishes to call it that is not one to release aggression derived from pent up emotions frustrations Rather the need is for social approval the explanation is in front of the person so to speak lying on his social perceptual horizon not behind him deep in his unconscious past Looking backward and downward as it were renders us not at all able to see social and field conditions determining behavior Perhaps the verb *want* should be substituted for the verb *need* in these instances—the adolescent hot rod dare devil driver wants to please his peers wants to confirm self regard hypotheses If one asks him about his behavior in such situations it can be shown that he wants these self regard hypotheses confirmed In fact in therapy with most adolescents one can hardly get started with them on bases other than what they are asserting talking to them in conventional depth terms about their denials their displaced aggression and the like nets very little result

The need problem is a great one in clinical thinking It is usually understood in terms similar to Maslow s (119 a) in which he defines it as a 'deficiency disease similar to a vitamin deficiency Depth clinicians speak often of people having undergone love deprivation in this way The present view is considerably at variance with Maslow and other depth thinkers In short what usually passes for a need is as we have strongly suggested not a deficiency at all but a want The wants in turn represent assertions strong assertions gained from allowances made by parents and others in authority, not from such an urgent condition as a tissue need or the like The sucking need" is at least brought into question as a need in the work of Sears and Wise (174 a) As McClelland suggests (122 b) in commenting upon Maslow s paper what we are meeting in clinical personality work are wants that have been formed and strengthened with their disconfirmation (regardless of their source) comes tension and the psychopathological parade

tute form of aggression, secondarily or remotely derived from some earlier frustration. Such attempts to trace backward to the alleged origin of a given segment of behavior rarely prove fruitful; usually they waste a great deal of precious time that could be put to far more productive use. Even when they appear confirmed from the backward tracing, the odds are still great that the nature of the chase itself, the social interaction in which such an undertaking takes place, has, itself, produced the "finding," which upon closer scrutiny would turn out to be wholly or largely artifactual.

The point of view expressed here requires some reinterpretation of the experimental study of recall of pleasant and unpleasant experiences and of repression (6, 62, 159, 195). Such research generally shows that people are more efficient at remembering their successes than their failures. And, as we know, the degree of involvement in the task, as well as the extent of interruption and the nature of the experimentally introduced stimuli, are also important. The explanation of such results, it is herein contended, lies not in saying that the failures are forgotten because they are repressed; but, rather, the explanation comes from the contention that the subjects dealt with in such experiments were probably not psychologically ill and, therefore, had many positive self-concepts which were being confirmed by and through the successes in the experimental situations. The "selection" here is not one of repression but one of further confirming self-attitudes. This contention can be tested by adding to any further studies of this phenomenon a population of depressed persons whose self-attitudes are predominantly self-derogatory (at least to a much greater extent than would be found among "normals"). It is predicted that the depressed

am no good," this self attitude is confirmed in his daily experi ences and, indeed, he seems almost to set up his life experiences in a manner calculated to perpetuate such self attitudes even though they are derogatory This observation is common in clinical work The patient may say, for example, 'See, I told you people do not like me—they always turn me down," or the like This attitude is required, as it were, by the person be cause it is imbedded in a larger hypothesis system and probably cannot change until the whole organization is 'loosened" up some to permit the development of new hypotheses Many anxious and depressed persons are continually remembering their faults and shortcomings, being unable for periods of time to recall pleasant and satisfying experiences because of the strength of the 'I am bad' assumption Since these self deroga tory notions fit into a larger set of hypotheses about themselves, and since some preservation and integration of these inter locking notions is required by the person vis a vis life, they find confirmation in a recital of self derogatory descriptions The person, by means of these self derogatory statements, is also saying, in effect, 'See, I'm helpless, I can t do these things, I need to depend upon you " In fact, it is often this very assertion that makes the other self derogatory attitudes seem impermeable at times The therapeutic task in such a case is primarily that of elucidating and clarifying these self helpless assumptions

In instances such as those just mentioned, we seemingly have evidence of a 'partial system" as it is known to communi cation theorists (60, 88, 150, 164, 202) In this connection, Rapa port says, ". what living things seem to do is create little 'islands of order' in themselves at the expense of increased dis order elsewhere This the meaning of Schroedinger s famous remark that life feeds on negative entropy" (150, p 259)

If these little 'islands of order" that have to do with vari ous aspects of the person s self reference system are essentially negative (with the additional implication of negative means helplessness), and if we tap these in experiments on memory for pleasant and unpleasant experiences (or repression), we will

tute form of aggression, secondarily or remotely derived from some earlier frustration Such attempts to trace backward to the alleged origin of a given segment of behavior rarely prove fruitful usually they waste a great deal of precious time that could be put to far more productive use Even when they ap pear confirmed from the backward tracing, the odds are still great that the nature of the chase itself, the social interaction in which such an undertaking takes place, has, itself, produced the finding which upon closer scrutiny would turn out to be wholly or largely artifactual

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in depth oriented therapies where, in effect, the person is judged to be bad when he's good, and to be bad when he's bad All strikes are against the person What is obviously overlooked in this kind of depth theory is that the person is actually affirming, asserting, or living by an hypothesis that has not occurred to the depth theorists, the latter person clearly imputes *his* perception onto the client and comes up with a seemingly profound observation or evaluation of the client s personality

It is implicit in the viewpoint expressed here that the reason psychotherapy is often so long and drawn out, so very unproductive, is because the therapist (and the patient, too, in time, as he becomes influenced by the therapist) continually overlooks that which is present and real, that which is being affirmed and asserted by the patient, and is continually seeking, instead, the solution of the client s problems in *denial* terms The number of clinicians who fall prey to this kind of thinking is legion Even more tough minded psychologists such as Shoben (179) tend to accept, uncritically, the common supposition that repression means what it seems to mean and that the rest of the Freudian stronghold is reasonably intact In discussing repression, Shoben (179, p 138) says, All this squared with the time that effective psychotherapy seems to require Repression cannot be lifted and therapeutic goals attained until the relationship has reached a sufficient degree of strength to elicit comfort reactions which are stronger than the anxiety released "

Since the alleged denials are really not operative in the manner that depth orientations assert, this makes for an exceedingly elusive chase and for relatively poor therapeutic results It is further contended that short term therapy that is directed to, or sensitive to, the constant affirmations the client is living by, could be shown to be much more down to earth and to have a conversational content quite different from traditional therapy that is always after what is alleged to be behind the manifest content Some preliminary evidence for part of this contention can be found in a study of short term

get varying results depending upon how the words or other experimental devices impinge on the value system of the persons being studied. Evidence for the varying results from so-called repression studies are well shown in some studies (14, 99, 194, 208, 209).[5]

Other Freudian mechanisms can be brought in for similar treatment. The reason reaction-formation occurs—or seems to occur—is not (say, in the case of parental over-protection) because the parent really hates the child and is over-protecting the child as compensation for her derogatory attitudes toward the child (and as self-protection against the forbidden wish), but because she has some hypotheses regarding the child that states that the child is helpless and needs her, and that she (the mother) is being a good mother by being so careful of her offspring. The mother will be seen to be in conflict with herself in such a case because she will be alternating between accepting and not accepting the child's clinging behavior toward her depending upon how and when the child shows such behavior. The child, too, varies in his acceptance of the mother's over-protective role and sometimes fails to confirm her hypotheses about his "helplessness." The consternation that parents feel in such cases arises not out of a primary rejection of the child but from an exasperation that the child's assertions and demands do not coincide perfectly with the parent's (and vice versa). It is at this juncture that an impasse is reached. Guilt comes in when the parent on occasion loses control and over-punishes (from her standpoint) the child, slaps him around.

Compensation, too, is to be re-stated so that what is allegedly compensated for is not in the unconscious but reflects the value system of the interpreter (observer, analyst, researcher) who imputes such-and-such "real" motives to the person. The observer says that the reasons for client's actions are the reverse of what they seem to be; they are the under side of some repressed wish, idea, feeling. This kind of twisting around of the client's behavior leads to an attitude commonly observed

[5] See also Blum (18).

in research studies The Fiedler studies Dittmann s as well as Keet s study (86) and the one by Phillips and Agnew (141) all have to do with relatively pat and undifferentiated aspects of different therapeutic procedures The whole matter of depth psychology which this book attempts to illuminate tends to make for large practical and theoretical differences in therapy and this is the matter left essentially unstudied in the current and recent research The writer has suggested elsewhere (112 143) some hypotheses that are among many that could be explored and that seem to offer the possibility of more extensive and more penetrating analyses of psychotherapeutic differences

By the same reasoning the most productive periods in the more conventional type of therapy would be associated with those interviews that were more concerned with what was being affirmed by the patient rather than with what was allegedly being denied And it would be further contended that what contributes a great deal to therapy going stale is derived from the elusive chase after emotional first causes in the biographical history of the client

NOTE

Murphy s article (131) is an example of relatively long term therapy with a young child and an example of a heavy pessimistic formidable view of psychological treatment of the child His attitude toward treatment is a rather typical one among depth therapy practitioners He is of course outdone by Anna Freud (51 52) and by Melanie Klein (98 99) Young s discussion (207) of Murphy s article further illustrates the impasse one encounters when his practice emanates from a depth position Young says I won der if we can assume the child s ego to be as weak fluid and poorly crystallized as we commonly think it to be It seems to me that the defense patterns are established during the first year of life which become fixed then and are merely reinforced or modified by later experiences (207 p 197) Is this not an extremely pessimistic version of behavior in six year-olds and is it not an example of the extreme in impracticality in child treatment? Only a depth psychology seems capable of thus clothing itself in rank speculation without recourse to empirical study without recourse to the findings of others and without the responsibility of testing its sweeping assertions

parent child cases (142), and more explicit statements in hy pothesis form of some of the thinking and practice contrasting conventional (depth) and short term orientations (143)

A research designed to test implications inherent in the present discussion and to study some of the hypotheses proffered elsewhere (143) could be executed It could involve a compari son of a classical Freudian approach (or some type of deep therapy, so called) with an approach that centers attention on what the patient is affirming and living by, one that leaves un specified in the therapeutic exchange any consideration of un conscious or deep motivation It might be shown, through recorded interviews, how much the former type of therapy gets

NOTE

Rogers also does not disown the unconscious and some im plications of his general theoretical positions make such a position seemingly tenable (157) In discussing Haimowitz s study of pre and post therapy changes as shown on the Rorschach Rogers says

Thus the Haimowitz study indicates that the alteration of basic personality produced by client centered therapy can be measured by a technique that taps the unconscious aspects of personality (158, p 70)

off into side issues, increases misunderstanding between thera pist and client, fails to produce insight and/or behavioral and attitudional changes, and so on This is not to assert that depth therapy has no salutary influence, but to assert that it produces such clumsily and uneconomically

NOTE

Most of the research on psychotherapy that has sought to com pare various psychotherapeutic procedures has been somewhat un rewarding (65) Studies like Dittmann s (37) as well as those by Fiedler (17 18 19) while often provocative in limited ways leave much to be desired as to how psychoanalytic and Rogerian therapies differ The very reasons why depth therapy takes such inordinate amounts of time which is a very crucial issue from both practical and theoretical vantage points have not been systematically examined

his hypothesis Under extreme tests of one s very psychological existence, the person is led to carry out a number of seemingly rash, illogical and unpredictable acts, and to have thoughts correspondingly out of line from the standpoint of 'normal behavior From such conditions spring the so called obsessive compulsive symptoms

As the reader may have suspected by this time, hypothesis testing is more than a one hypothesis at a time affair The discussion here has dealt with artificially simple instances in the interest of clarity Many sets of conflicting hypotheses may be up for test at nearly the same time Indeed, in the human case, single conflicts are probably exceptional and unusual (except in children) In the following chapter the role of conflict will be explored more completely in the attempt to show its central position and to relate it to earlier discussion At this juncture it is necessary only to recapitulate the position adhered to thus far behavior pathology does not need the concept of the unconscious to deal with its phenomena The burden of this concept will be transferred to the conflict paradigm

Conflict develops out of situations involving contradictory hypotheses, mutually exclusive hypotheses held toward the same circumstance (person state of affairs, ideas) or in opposition to the environment, varying with the act of testing and with the level of confirmation available Thus in the manner of Masserman s cats (120), Miller s rats (126 127), Phillips and Hall s rats (140) the conflictful behavior is to be understood by the nature of the on going perceptual and motor processes—not as an offshot of repressed unconscious material which because of its allegedly more basic and more primitive nature, is in conflict with top side ego and super ego demands

One of the advantages of animal experimentation is the refreshing realization that one can duplicate and study in great detail many facets of human level phenomena without the slightest need for all the conceptual hindrances that operate at the human level And still more refreshing is the recent view

Anxiety would be seen from this viewpoint to arise in connection with the lack of confirmability of an hypothesis the person entertained Tics contractures and hysterical symptoms are to be seen as arising not because they are related to repressed hostility that keeps bobbing up, but because certain notions the person has are not adequately confirmed in real life and this produces unrest and tension In such a case, the more central and general the self hypothesis under scrutiny, the greater the anxiety the person would experience when this hypothesis failed to meet an adequate level of confirmation Tension reduction would be an important concern in this instance but still a very limited one compared with the concern the person would have as a result of the lack of confirmability of his self hypothesis Anticipating the next chapter, we can assert at this juncture that in the case of experimental studies of conflict in humans and in animals no reference to the construct *unconscious* is needed The anxiety level, the alteration (vacillation) between goals or choices are all explained by the nature of the conflict situation The conflict that gives rise to anxiety, in the instance of a person s testing a self regard assumption in real life grows out of the non confirmability (or greatly reduced confirmability) of the hypothesis, this constitutes the avoidance (or negative portion) of the conflict situation There appears to be no more need to use the elusive unconscious to explain the variety of psychopathological manifestations than there is for a homunculous inside the head

In the face of lack of confirmability of self hypotheses, the person musters more effort toward getting the hypothesis confirmed The temper tantrum of the child is a bold faced, clear cut example In the extreme, e g , in the schizophrenic, these redoubled efforts lead to what is commonly called coarctation or constriction Here, again as the present viewpoint implies the constriction and rigidity arise not out of repression but out of redoubled efforts to confirm self hypotheses at whatever cost As the issue becomes more difficult the individual draws in or decreases his range, in the interest of possible confirmation of

CHAPTER FOUR

THE CONFLICT PARADIGM— PSYCHOPATHOLOGY AND PSYCHOTHERAPY

Conflict theory in one form or another has long held a respected place in the study of psychopathology Aside from being accepted in Freudian theory from an early date, it has come to the attention of psychologists and psychiatrists (21, 22 23, 66, 79, 108, 110, 111, 126, 127, 169) from time to time, mostly by way of animal experimentation Miller's systematic evaluation of conflict theory (126) gives an excellent basis for projected theory involving conflict, and Lewin s astute analysis of the relationships between approach and avoidance tendencies in the resolution of conflict (110) has much to offer the clinician interested in developing a rationale for psychotherapy

It is the position taken here that psychopathology is an outgrowth of conflict, that there is no psychopathology without conflict But conflict in minor ways can and does exist outside the pale of what is usually accorded the status of psychopathology It will be one objective of this chapter to state as much confirmatory evidence as possible for this hypothesis A second

point concerning communication systems involving man and machine, relating them in terms of instructive paradigms with features and with constructive prospects probably never thought of in research on humans alone (60, 72 73, 88, 140, 150, 152, 153, 164, 168 198 199, 200, 202, 206) What the human level loses in these more highly structured areas of science is the self distortions (incorrect hypotheses, or hypotheses with very low levels of confirmability and applicability), the human level does not lose its humanness Man gains in humanity in that his creativity and resourcefulness is seen more clearly and can be put to the service of greater human use of human energies (206)

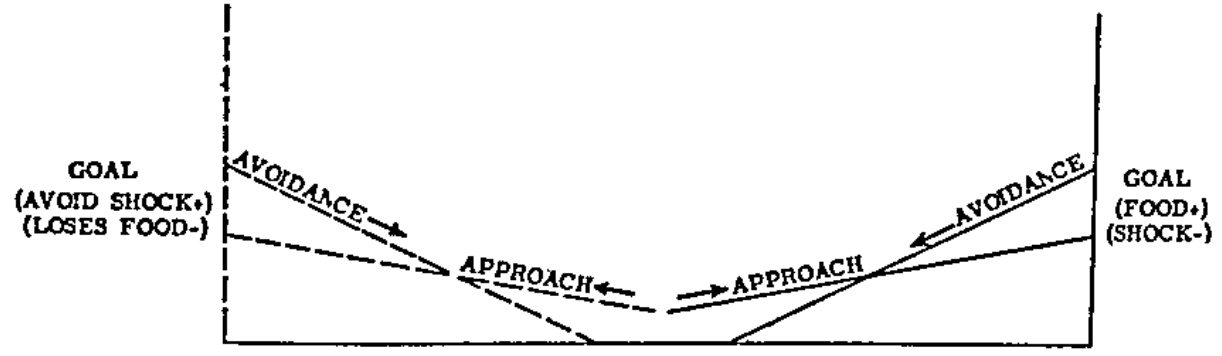


Figure 3. Shows hypothetical double approach avoidance conflict. At right side is food (approach) and shock (avoidance), left side shows opposite condition. absence of shock (approach) and failure to get food when hungry (avoidance). Adapted from Miller (126, p. 447) by permission of publishers.

avoidance type are legion Probably every case of real human concern and misery involving psychopathology can be shown to harbor many double approach-avoidance conflicts

Freud's use of the idea of conflict involved his notions of the unconscious, of instinct motivation, of cultural taboos, all giving rise to various combinations of id ego superego conflict with the id superego coming in for the largest share

Pavlov (134, 135) saw conflict in terms of competition between inhibitory and excitatory potential. This was a pseudo neurological theory promulgated to explain his observations on psychopathology among animals in his laboratory. To some extent Pavlov's lead was followed by Anderson and Parmenter (8), by Gantt (59), by Liddell (113), and more generally by others Some theorists seem to have had a strong penchant for "leaving the behavioral field" in developing hypothetical constructs to explain behavioral events, the theorizing of Pavlov and the Neo Pavlovian animal psychologists present a striking case in point. None of the Pavlovians in the early days of experimental neurosis study seemed inclined to develop a behavioral analysis of their results Guthrie, Lewin, and the Yale group were among the first and foremost to go beyond descriptive reporting and give systematic scrutiny to the actual behavioral events in experimental conflict situations, offering behavioral theories that did not depend directly upon neurological constructs This observation about theory-making in

objective will be to relate the material of this chapter to the three previous ones

Conflict is generally regarded as being the temporal and spatial confluence of equal and mutually exclusive response tendencies directed toward the same objective Conflict is capable of being subdivided into four types the first is approach approach conflict, where the organism is propelled toward two incompatible but positive goals simultaneously Some students would not consider this type of conflict important because upon closer examination, it would be found to be subsumed under another type Thus the case of the horse that starved to death between two haystacks Closer study suggests that there are additional—avoidance—features in this instance and in most other apparent instances of simple approach approach conflict Approach approach merges into approach avoidance and even into double approach avoidance

To cover the four subtypes just for the record, there are, in addition to (1) the approach approach type, (2) the avoidance avoidance variety, (3) the approach avoidance variety, and (4) the presumptive prototype the double approach avoidance conflict Probably the human case poses the latter, and the most heuristic leads for experimental and research purposes stem from the double approach avoidance type

In double approach avoidance conflict the organism is confronted simultaneously and to nearly equal degrees (strengths, valences) with two broad alternatives, both of which contain positive (approach) and negative (avoidance) features Thus, in terms of typical experimental regimes, the animal is confronted with food and with an electric shock (or similar avoidance instigation) at the same time and in the same area, the opposite end of the runway or alleyway has its own approach avoidance features in that there is an absence of shock (an approach condition) and an absence of food (which, when the animal is hungry, is an avoidance condition)

Human experiences of conflict of the double approach

isomorphic structure between molar and molecular levels are found, to make the most of them, but never to assume that the two levels are, perforce, identical, or that the molar must be reduced to the molecular

At any rate, there is very little that can be done about competing inhibitory and excitatory neural potentials as such, what can be controlled and varied is, of course, the behavioral events that give rise to the neurological events Behavioral analyses of conflict that have followed the leads of the Yale group and of Lewin (108, 109, 110) produce results that suggest considerable parallel with the human clinical case, with all manner of personality findings, and with psychotherapy Masserman (120) and Anderson and Parmenter (8) were among the first to attempt some kind of experimental analogue of some features of psychotherapy The high point in conflict theory has been reached, in the writer's opinion, in the writings of Miller (126) and Lewin (109, 110, 111, 112) Where Miller's

NOTE

Miller s succinct statement of the ' four fundamental principles" of conflict is so much to the point that one can only quote him verbatim

A theoretical analysis verified by experimental work indicates that four simple assumptions are fundamental to an understanding of conflicts between tendencies to approach and avoid

1 The tendency to approach a goal is stronger the nearer the subject is to it This will be called the approach gradient

2 The tendency to go away from a place or object avoided is stronger the nearer the subject is to it This will be called the avoidance gradient

3 The strength of avoidance increases more rapidly with near ness than does that of approach In other words, it may be said that the avoidance gradient is steeper *than the approach gradient*

4 The strength of the tendencies to approach or avoid varies with the strength of the drive upon which they are based Thus an increased drive may be said to raise the height *of the entire gradient* (126 p 133-134)

Brown s work (21, 22 23) as well as Lewin's earlier writing (108) and later theoretical-experimental work (109, 110 111, 112),

psychopathology is not meant to imply that neurological theory was bad or out of place—only that it treated behavior itself as being unimportant except as a means to a more basic end, viz, neurological theory Behavioral analysis was considered to be the glove on the hand, when what was to be studied and understood was the hand itself Today, the historical dispute about neurological vs behavioral theory is far less intense the inclination now is to see the two theories as comparable or parallel paradigms, instead of trying to reduce one to the other

NOTE

This is actually a moot point whether we really reduce psychology and behavioral descriptions to a more molecular physiological level (182) It may be equally true as the recent literature on communication and information theory seem to suggest that the structure of behavioral sequences may parallel in form neurological events That is interpersonal communication may be shown to have an interaction pattern similar to that of neutral events and to that of computing machines without the implication that the former is totally reduced to either neural or machine processes or both

The recent work of Stagner (187 188) Stagner and Karnoski (186) as well as Maze's critical reply (122) emphasizing the value of the concept of homeostasis as a unifying concept are also to the point Stagner's concern is with finding paradigms that operate at both the physiological and the psychological levels

It is possible that some kinds of social interaction—e g the psychopathological interactions with which we are presently concerned—could be described as being miniature systems in their own right that may continue to operate to the detriment of the larger system (e g the person in all his interpersonal settings) just as cancer cell growth may portend the growth of the smaller system at the expense of the larger system (i e the person as a set of organ systems) Still further the similarities between man and machine may be useful to us in learning more about man's structure—without at all raising the issue that man is thereby reduced to the level of a machine

If a reductionist position dominates the behavior scientist's position he might gratuitously let the formal structure of the molecular (e g in relation to psychology the molecular would be physiology) dominate his molar behavior thinking thus leading himself into non heuristic blind alleys as perhaps some of the early behaviorists and Gestalters did (76) It seems more intelligent to check one's position at all times and points and where similar paradigms or

animal experiments that the tendency to approach is a gradual low slope toward the goal while the tendency to avoid is sharper and steeper, representing a more acute effort of the organism to restructure its position in the environment (21, 22, 23, 126, 127) Since both avoidance and approach tendencies can be operationally specified (21 22, 23, 126), it is also possible to show that these gradients cross each other and to relate behavioral events in the situation to the area of crossing of the gradients It is further possible to manipulate (108, 110, 140) the strengths of the approach and avoidance gradients (or the positive and negative valences of objects and goals) and to gain understanding of how conflict situations can be resolved, ameliorated, or intensified (8, 59, 113) In considering psychotherapy, the relative manipulatability of the approach and avoidance tendencies is of utmost importance, for, on the one hand, tampering with the conflicts involved may intensify the disturbance while, on the other hand, a fuller understanding of the relative position of approach and avoidance gradients and a theory of therapy based thereon can lead to constructive and ameliorative steps (110)

It is possible to duplicate to a considerable extent much of the clinically observed behavior of a person by appropriately arranging animal experimentation Sears (170, 171) has reviewed the objective studies that tend to corroborate (or to discredit) a number of psychoanalytic concepts, and in so doing he highlights the importance of conflict in experiments that attempt to duplicate the human situation It is impossible, from the present viewpoint, to see how one could attempt to demonstrate experimentally, with animals or with humans, instances of or instances analogous to human cases of reaction formation (140), projection (13, 174), or any other Freudian mechanism or indeed any alleged symptom of a psychological disturbance, without first activating a conflict situation that would give rise to the tension out of which the symptom or mechanism would be formed

Without conflict there is no psychopathology This dictum excludes cases of an organic nature where the psychological

all attest to the relevance of the above mentioned strictures regarding conflict

As Miller points out (126) it is not relevant for the discussion here whether the approach avoidance gradients are curvilinear. For our purpose we are making no assumptions about the height (i e, steepness or intensity) of the gradients or about whether this affects their over all shape

analysis is perhaps broader and more comprehensive, Lewin's is more penetrating and insightful, from the standpoint of one interested in further theory development along these lines and for the purpose of aiding practical control of human behavior at molar and social levels

As long as a motivating or perceptual condition of an organism is not complicated by positive and negative (conflict ful) features, that organism achieves its end without equivo cation (that is, within skill or ability limits) If motivation is unilateral, the organism goes on to the consumatory goal activities and that ends the segment of behavior If, however, the motivation is conflictful in that tendencies exist both to approach and to avoid the goal, or if, emphasizing the other end of the activity, the goal is perceived as having both positive and negative characteristics, then the organism is said to be in conflict, to be indecisive, vacillating restless, unable to achieve its ends—and so on to a thousand other equivalent descriptions This is the fundamental condition that gives rise to the symptom complex we ordinarily consider to be psy chopathology (or behavior pathology) In a theory of psy chopathology it really matters little or naught what the symptoms are, whether we emphasize perceptual and subjective reports (as with humans) or behavioral and easily observable symptoms (as with humans or with animals), so long as we do not narrow to behavioral elements alone or to subjective elements alone Both are tossed up from the same turbulence and both are needed—in the present state of our language of science—to provide for fuller understanding and control

methods, on the other hand, include: inducing of conflict between emotions (which involves Pavlov's notion of tension between subcortical areas); inducing conflict between opposing stimuli by presenting too-difficult differentiations, or by presenting positive and negative features simultaneously in the same goal-object or goal-region; and by other methods such as changes in daily routine, "excessive increase of intensity in the conditional reflex," and "failure to follow the conditional reflex by the usually unconditional stimulus." It will be our present purpose to attempt to relate these hypotheses to our main contention that conflict theory, as extant theory, can accommodate the variety of experimental regimes and experimental findings in Gantt's work.

The differences between the experimental techniques used by Gantt such as "emotional upsets," his so-called artificial methods, and so on, are seen for purposes of understanding psychopathology to be unreal differences if we refer these phenotypic conditions to the conceptually more useful notion of conflict. As Sears has remarked, referring to studies of the IQ effect of foster-home placement, "The descriptive problems are endless," and so they are here with experimental neurosis. Experimentation as such, even though it is often more exact than psychometric and clinical research, can be just as confusing and as theoretically unproductive. The "basic" status of many of Gantt's variables cannot be taken at face value but must be scrutinized with respect to some theory that attempts to put these variables in their proper places. It ought to be possible for a comprehensive theory to relate Gantt's internal and external factors and the observed symptomatology to more general psychological conditions involving the organism's position in relation to the experimental conditions.

Although Gantt uses the notion of conflict in discussing his own and Pavlov's work, as well as in discussing studies by Maier (118) and by Masserman (120), he never arrives at a sufficiently useful employment of the notion of conflict to permit moving from one experimental regime to another without getting lost in the details. For example, Gantt says,

symptoms are not part of a basic psychopathology but arise indirectly, out of structural changes (It might be possible to extend the notion of conflict, in some form or another, to include all manner of interference with the organism's functioning be it by means of drugs, strait jackets, social disapproval, loss of structure, or whatever, but this problem is beyond the scope of the present discussion)

The study of conflict, then, involves the behavioral study of the organism via controlled observations and experimental regimes where the organism's behavior with respect to the goal region which has induced positive and negative features, can be measured manipulated observed Drugs, physical restraints and so on, may be, and often are used (8, 59, 113, 120), but clarification of the meaning of such conditions seems to come from a theory that purports to state what their *psychological* significance is

A review of some of the most important work on experimental neurosis with animals will help to focus thought on the conflict paradigm and to bolster its theoretical status

Gantt's monograph (59) covers important early work on experimental neurosis and covers, at the same time, essentials from Pavlov's work from which Gantt's work was partly derived Gantt reports Pavov's thinking as to the three basic conditions necessary to produce experimental neurosis (1) excitatory processes are overworked or overstrained, (2) inhibitory processes are overworked with strong or extended need for inhibition, and (3) there is conflict of some kind between these two processes Liddel's work is said by Gantt to represent study of animal behavior pathology via the third method Gantt himself (59, pp 13 14) gives a listing of external and internal factors allegedly important in understanding experimental neurosis, but states that subsequent work may reveal an underlying principle which would make his classification superfluous' Among external factors he lists strong stimuli like shock, prolonged and fierce fights, sexual disturbances—i e, 'emotional upsets" (59, p 14) Artificial

time) being reached on the avoidance gradient of the conflict situation, and to consider salivation as being a symptom referrible to knowable dimensions of the conflict situation Because there is no constant reference back to a conceptual scheme, some of Gantt s work goes off into peripheral areas where such statements as the following have only the most limited and tentative meaning

> On comparing the intensity and duration of the after inhibition (on defense reactions) from sexual and other forms of excitation (food, social, etc), it is seen that *sexual excitation has by far the greatest influence,* next in order is the social, and finally the food, which has very little effect (59, p 141)

Although interesting in a limited way, this statement really tells us nothing about such a topic as the relative strengths of drives, or about the duration of after effects when various drives are complicated in conflictful juxtaposition with pain or fear Referring back to the conflict paradigm, it would be maintained that the after effects, the symptom complex, and all other resultant conditions would vary with the strength of the approach and avoidance gradients with the intersection of these two gradients with the amenability of different drives to being subjected experimentally to conflict situations, and so on In short, the basic relationship of the sexual drive to after effects is spurious, and without some theory as a guide one would not know how to evaluate Gantt s assertion, how to test it further What should be treated as an existential hypothesis placing sexual or other drives in the context of conflict, is treated by Gantt as an entity, this means, in part, that the sexual drive is treated as if *it* were an entity, operating without a set of contingencies surrounding it What is overlooked in Gantt s formulation is the presumptive larger set of variables that, themselves, largely determined the findings of his study regarding the sex drive

In quoting Maier and others, Gantt says that possibly

> the essence of the Pavlovian experiment may be restraint

of the animal (59, p 38) The present viewpoint agrees

The term conflict is based upon the concept, for which there is some evidence, that excitation and inhibition are mutually exclusive processes When we bring them close together in space the excitations must enter through the same analyser Pavlov's term for receptor system including the central brain portion and resemble each other in their physical properties so that they lead to closely adjacent cortical areas (59, p 42)

And,

Even though they [i e, inhibition and excitation] are not given together, and perhaps are separated by days or months their corresponding cortical regions may be supposed to overlap so that one flows over into the other (59, p 42)

One of the features of Gantt's work was his painstaking concern with his experimental animals over a period of years This long term continuity is an advantage not achieved by some experimentalists dealing with neurosis in animals whose procedure is a "lick and promise" kind of research Following the accounts of his animals closely over the years and seeing them in a variety of settings helps one gain perspective on the experimental regime itself It is impossible to say, as it is sometimes said about experimental neurosis studies of animals that his animals were really not disturbed His considerable concern also, with numerous physiological measurements of the internal stress in his disturbed dogs, gives Gantt's work a solid foundation, although it also opens up the possibility of so many variables being considered that specifying their interrelationships and theoretical status becomes quite a chore In some ways Gantt was just gathering any and all kinds of data without being too concerned about how it all cohered Generally the bias is strongly physiological and neurological his approach treats behavior as if it were only interestingly *descriptive* but played no major role in developing a theory of experimental neurosis For example, when he discusses something like inhibition of the salivary response, the theoretical focus is on inhibition in a *neurological* sense and on salivation *physiologically* considered An alternative approach would be to consider inhibition as resulting from a point (in space or

as a meager basis for stimulating neurological theory If drives such as sex, flight (fear), and fighting are considered as dispositional features, of the organism, then there is not much need to place them in a behavioral context beyond what Gantt and Masserman make possible by virtue of their experimental setup On the other hand, if such drives are considered as relevant to the additional notions of approach and avoidance with respect to some goal region, the whole experimental problem is changed as is the theoretical issue

Without attempting to delineate all steps in the thinking leading to this conclusion, it seems likely that Gantt's dogs, unable to move as they were, acted as if they were placed high on the avoidance gradient This assertion, if true, means that the dogs would have escaped or retreated from the punishment

NOTE

For example, in this connection Liddell (113 p 393) makes a corroborative observation

Because of laboratory training and bias we concentrated upon the physiological analysis of this abnormal state of the sheep and, not sensing the importance of the animal's daily life experience out side of the laboratory, failed to see what was there The sheep had to be caught and led to the laboratory, and so we were forced to notice that after the onset of the experimental neurosis it resisted capture and was reluctant to enter the laboratory room (italics added)

And as if to offer a cognitive explanation of the animal vis à vis the experimental setup Liddell says

Let us imagine the morphology of the animal's psychological environment as it stands in the Pavlov frame There is evidence, we believe, of a definite structuring of its psychological space This structuring may be thought of as a series of concentric shells en capsulating the animal Proceeding inward each shell imposes in creased tension with decreased freedom Proceeding outward, each boundary passed means lessened tension with increased freedom In the salivary conditioning situation the sensitized head and neck are enclosed in the innermost shell, while in the motor conditioning context it is the highly reactive leg which is separately encapsulated

An experimentally neurotic sheep best illustrates what happens when proceeding inward from posture to Pavlov frame The sheep avoids the experimenter in the pasture It resists being led to the laboratory and seeks to avoid entering the door It struggles when

strongly with this statement Gantt's whole approach seems to assert, from the standpoint of the theory involved, that in experimental neurosis one is putting one kind of strain or another on the physiological and neurological equipment of the animal and that all other matters are secondary to this primary consideration On the other hand, viewing the behavior of Gantt s animals as being closely related to the position of the animals on the approach avoidance gradients—by virtue of the harness, the size of the experimental box, and/or other physical dimensions—requires a different formulation of his experimental results, a formulation that considers the variables involved not as entities but as more conditionally related to the experimentally induced conflict situation itself One would need to go from Gantt s experimental regime to one involving different spatial arrangements—possibly a long, narrow runway as one alternative—in order to bring into clearer focus the 'underlying dimensions of Gantt s experimental results This would enable us to approximate more closely " an underlying principle which would make . . classification superfluous' (59, pp 13 14)

In the Phillips and Hall study of reaction formation (132), starting from the assumption that conflict was necessary if any of the Freudian mechanisms were to be demonstrated, it was shown that the long, narrow runway available to the rats, together with systematic alternations in the drive schedule vis a vis the punishment used, simulated the human case of reaction formation at least in some essential ways Such a demonstration would not have been possible in an experimental setup like that used by Masserman with cats (120), or in the one used by Gantt with his dogs The *gradient* aspect of the conflict situation requires a somewhat different experimental regime if the broader and more heuristic features of conflict and their vast implications are to be brought out and to be used to unify existing experimental data And the experimental regime in turn, is suggested, if not required by a theory of conflict that includes broad behavioral data—not just scant items used only

neurosis regime itself, detailed "case histories" and extensive observations on the animals Anderson and Parmenter classify their sheep and dogs as "excitatory" and inhibited as did Gantt (59, p 7) These classifications were useful in their reporting not only as descriptive of the 'basic personality structure" of the animals but as predictors of how the animals would characteristically react under experimentally induced stress

In some ways the Anderson and Parmenter monograph becomes more specific about some of the implications of experimentally induced neurosis in the sheep and the dog They regard the sensitivity to touch as one of the first symptoms of the beginning of neurosis, as a very persistent symptom, and as a possible indicator of the depth' of the neurosis These experimenters used the conditioned reflex method of studying the animals, as did Gantt, but the Anderson and Parmenter dogs had to "solve problems" too i e , distinguish between two stimuli Animals were strapped in the experimental camera and, by means of measures of the salivary reflex (Pavlov's method) and of the conditioned motor reflex (using the sound of the metronome or a door buzzer reinforced by mild electric shock applied to the animal s forelimb) detailed study was made of the effects of the conflict situation thus induced

From the present viewpoint, the Anderson and Parmenter series of studies are regarded as requiring the same sort of conceptual reorganization as does the Gantt study Here, again, the animals strapped in the experimental situations were able to make only localized movements, were very restless, and—at the risk of being anthropomorphic—we can say they "wanted to escape" the experimental chamber We need only to remind ourselves of the nature of the approach and avoidance gradients and to take some of the data Anderson and Parmenter reveal, to say with assurance that the animals were trapped high on the avoidance gradient In speaking of 'restlessness . . ." (8, pp 13 17) as a manifestation of experimental neurosis, they say 'The total number of movements for all the intervals in

the harness is being adjusted It may urinate or defecate when the shaving brush is applied to the skin in preparation to attach the tachometer electrodes It again flinches when the leg is touched and is further disturbed when the experimenter leaves it to begin the tests (113 pp 399 100)

area if they could, and/or would have approached the goal area hesitatingly [as did Masserman's cats (120), Phillips and Hall's rats (140)], that the easy and quick generalization of the emotional reactions from the experimental situation to other incidental and remote features (e g , the fear shown in the presence of the experimenters at times and places other than the ones connected with the experimental camera) lading to a chronic disturbance of behavior is thereby explained on an organism in environment basis, and so on for other features of Gantt's work What Gantt really succeeded in demonstrating quite well—among other things—was that dogs can experimentally be made neurotic, that the neurotic behavioral results can be generalized over space and time, that many physiological systems are altered in neurotic behavior, and that the resultant neurotic behavior simulates in many ways the human case But what Gantt did not demonstrate was the larger set of conditions necessary to explain his results and to relate his findings to those of previous, contemporary, and possible future studies

Gantt's work shows in a limited way what one would hypothesize on the basis of conflict theory Moreover, judged on the basis of conflict theory, additional (larger) aspects of Gantt's work were left unstudied by him With these observations in mind we shall attempt now to carry conflict theory into the work of other experimentalists, and to elaborate the application of conflict to all of their findings

The work of Anderson and Parmenter (8) is similar in many ways to that of Gantt except that the former used sheep as well as dogs as experimental subjects Like Gantt, Anderson and Parmenter followed their animals over a very substantial period of time and offered, in addition to the experimental

stimulus is repeated successively in a long series . . . with successive stimuli following closely on each other)

3 *Rigid time schedule* (' in which conditioned stimulation was given every 7 minutes')

Now these experimental conditions add up to conditions similar to those provided in other experiments (21 22, 23, 126 140) that in one way or another report upon the behavior of animals as they approximate a steep point on the avoidance gradient The difficult differentiations in the experimental situation where no recourse is possible, represent a noxious and to be avoided condition The rigid time schedule and the experimental extinction regimes, while less clearly noxious at least would seem to contribute to the already noxious restraining features of the total experimental setup and are thus to be escaped from or to be avoided What would be reinforcing for the animals in these experimental regimes would be withdrawal from the entire experiment What takes on a noxious meaning, after a few trials, is not so much the limited stimuli themselves (rigid time schedules, and so on) but the total setting that would be promptly escaped from—it is hypothesized—by virtue of the steepness of the avoidance gradient were that a physical possibility in the experiment This assertion can be easily tested in a variety of animals through some minor alterations of the Anderson and Parmenter experiments

the 37 experiments was 1 794 in the case of the experimentally neurotic sheep #8 and 266 in the case of the normal sheep #11 In a long, narrow runway (where measures could be taken of a large number of activities), it would be hypothesized that these sheep would undoubtedly have retreated from the shock region of the experimental chamber But, trapped as they were in the experimental chamber, they were unable to 'tell their experimenters more of the story of experimental neurosis

The variety of manifestations of experimental neurosis, detailed and interesting as they are (and as suggestive of the human case as they are), nevertheless are left conceptually loose to such an extent that, again, one is at a loss, on the basis supplied by Anderson and Parmenter, to relate these findings to those of other experimentalists The missing structure is conflict theory Such symptom categories as shown by kymo graph tracings of neuromuscular and salivary responses, by hyperexcitability, by hyperirritability, by over reactions of all sorts, by restlessness in the experimental chamber, by rigidity of extremities, by immobilization, by the nature of neuro muscular activity outside the laboratory, were carefully and extensively reported upon by these experimentalists Often the closeness of the unverbalized in the human case to the be havioral manifestations in this monograph, as they reflect neurotic complications of the organism, cannot help impressing the unprejudiced reader We seem to be dealing with essentially the same organismic materials except for the level of com plexity that the human can reach in his neurotic ruminations

The excellent summary of procedures used to induce and to maintain experimental neurosis (8, pp 65 73) give us a specific point of departure in our efforts to relate these pro cedures to conflict theory These procedures include

1 *Difficult differentiations* (situations where differenti ations approach each other—one reinforced and one not—in intensity, rate, sound, shape, color)

2 *Experimental extinction* (where negative differential

conflict situation have to be altered in some way before new behavior can occur with reference to the old conflict situation In the human case this may be due to a gained resourcefulness in avoiding the unpleasant situation (of not running headlong into it in a seemingly uncontrollable manner), in actually viewing the unpleasant or threatening features differently (closely similar to the present case of adding the door buzzer), or by actual environmental manipulation (useful if the conflict is not too intense, or the organism is not too constricted) From the present viewpoint with stress on the total characteristics of the conflict situation, what one does in therapy (be it clinical or experimental) has to have a relatively limited focus—it can not be just anything that the therapist or experimentalist thinks 'might help'

The interpersonal nature of the animal's disturbance is brought to the fore in the discussion on the influence of the experimenter himself upon the experimental animal Each experimenter at the Behavior Farm seems to evoke in a given animal a somewhat characteristic type of social reaction' (8, p 77) In these matters, however, the change of experimenter made little or no difference It is likely that the manner, the dress, the relationship to other items in the laboratory, as between one experimenter and another, were so negligible that the animals could not differentiate between them in the in tensity of the experimental conflict situation The experi menters, unlike the 120 beats of the metronome and the 36 beats plus door buzzer, were not differentiable and not being so, could not allow the animal to alter the characteristics of the avoidance conditions of the experiment

It is important to reiterate the point quoted above from Sears (see pp 81 82), viz , that it is clearly uneconomical to pur sue a whole host of variables for their effect on the conflict situa tion without having some theory as a guide in such a perusal Taking a different tack requires the introduction of field condi tions i e , the terms of the experiment in place of the plethora of entities used (45)

strength of these gradients (reduction of the avoidance gradient being the most important therapeutic innovation)

Time alone seems not to have any important effects on learning the important matter being what takes place during a period of time for time is primarily the carrier of events, not the determiner thereof As long as the living milieu of the animals remained relatively constant during a period of time which means that the residual effects of the approach avoidance gradients remained relatively constant, no change in the animal s behavior would be predicted according to conflict theory It would seemingly follow that in human instances of so called spontaneous recovery from emotional illness the re covery (assuming it to be genuine) is a function of *what happened during a given period of time,* and does not involve some vague out growing of the difficulty

The highly illustrative handling of the animal in the effort to make the problem easier warrants comment It was neces sary to change the perception of the metronome beat (it was dropped from 60 beats to 42 then to 36, then a buzzer was added to the last mentioned frequency), through the intro duction of different cues—the door buzzer and the reduced frequency of the metronome—before the animal could clearly differentiate between this stimulus and the original one of 120 beats The significance of this in conflict terms appears to be found in a change in the avoidance gradient The avoidance gradient became subject to differentiation as between 120 beats on the one hand and the 36 beats plus door buzzer on the other hand In more perceptual terms the perception of the metro nome became less narrow and less constricted as the new element of the buzzer became a feature of the 36 beats stimulus complex The introduction of the additional stimulus feature (the door buzzer) enlarged the perceptual features, added the possibility of greater resources for the animal, and thus made possible new or different behavior This is considered to be illustrative of a highly significant feature of all therapy viz that the avoidance gradient or the avoidance features of a

example, a prolonged, even slight, excess or diminution in the concentration of the ions of sodium in the environmental medium of these cells, and brought to bear upon their life processes, may produce prolonged changes in their fundamental functional activity, an increase or a decrease of their irritable properties, so that a general state of hyperirritability or hypoir ritability of the nervous system may result' (8, p 96)

The authors allude to the work of Stockard, McFee Camp bell, H S Jennings, and Bronk as examples of other research relating physiological and behavioral facts It is likely true that some kind of physiological explanation of the variety stated by Anderson and Parmenter in the above quotation applies here, particularly when the conflict stresses are placed in such a dominative position in the life of the animal What occurs, however, in therapy where there is some reversal of the be havioral processes involved is not specified by this physiological attack, nor is there any indication of a gradient or the like that describes the flow of forces, as it were, from a behavioral environmental level to the physiological or neurophysiological level, and back again Probably the theoretical task is not one of reducing the behavioral items to physiological ones but one of shaping up, in conceptual terms, paradigms that apply equally to behavioral and to physiological levels, where the transition is merely one of changing the sets of variables in volved while holding the theoretical structure constant

As if they were groping for more theoretical clarity at a behavioral level, and by implicitly excluding the physiological variables referred to earlier, Anderson and Parmenter return to a consideration of the problem of restricting the animal in the experimental setup They say, This restriction apparently molds the way the neurosis will express itself A certain degree of freedom from the limitations of the Pavlov frame has been shown to make predictability of response impossible, and to eliminate stereotypy' (8, p 102) They seem not to see that the restriction—by means of the position on the approach avoidance gradients it makes possible—does more than "mold'

As to the effects of drugs, here, too, we need more systematic guides rather than just routine trying out of one drug after another At least, in retrospect, one ought to be able to offer some theory as to the influence of drugs on the various features of the conflict situation, e g , as to the possible effects of depressant vs excitant drugs and their respective effects on the avoidance gradient in a given experimental milieu The effect of drugs even though primarily physiologically anchored must also be handled conceptually to account for the behavioral manifestations as well Otherwise one offers physiological accounts of the action of the drugs but leaves out the equally important implications for behavioral theory, this seems inexcusable when we are working directly with the observable behavior in the conflict situation Theorizing of this kind—implying that the physiological variables are more basic rather than stating that they offer the opportunity for parallel paradigms—leaves studies like those of Anderson and Parmenter and Gantt somewhat vague on behavioral implications and on the relationships between physiological and behavioral variables In effect by taking such a bias we say that behavior is important in all features of an experiment except in the theoretical and conceptual organization of one s findings

In attempting a theoretical account of the results of their studies Anderson and Parmenter first assert the necessity to fall back on the descriptions of the animals and of the experimental conditions Thus they say that The symptom complex of the experimental neurosis may be due to a chronic imbalance in the internal chemical (nutritive) environment of the body cells particularly the nerve cells arising through an imbalance in the activity of the glands of internal secretion the glandular imbalance being constantly induced by repeated and prolonged emotional states incident to the experiments Such a long enduring disturbance of the chemical equilibrium of the nerve cells may involve among other substances the ions of sodium, potassium, calcium, and magnesium Thus for

bump on the nose and to fall into a net below. These choices, depending upon the symbol (appearance of the cards), are referred to as symbol-reward responses; those depending upon the position of the card in front of the jumping post are referred to as position-reward responses. In ordinary, non-frustrating experimental situations, these learnings of rats are referred to as "goal-oriented." This is because, ". . . we may speak of such responses as *goal-oriented* or *goal-motivated*. . . . If, however, the cards are latched in no regular order (i.e., neither a particular card nor a particular position is consistently rewarded or punished), then there is no response that will permit escape from punishment. In such case the animal normally shows a stage of variability in its choice and soon thereafter it refuses to jump" (119, pp. 26-27). Maier goes on to describe further the experimental procedures:

> This resistance to jumping may be overcome by giving the animal an electric shock at the jumping stand, prodding with a stick, or blowing a blast of air on it. We speak of this situation as the *insoluble* or *no-solution problem* and regard it as frustrating both because it is a problem that cannot be solved and because pressure is applied to the animal to force a response (119, p. 27).

As the animal is returned again and again to this insoluble experimental situation, with pressure applied to force a response, the animal develops a response that Maier says ". . . has no adaptive value in the sense that it is adequate to the situation or in the sense that it is superior to any number of other possible responses" (119, p. 27).

This impasse leads to position and symbol stereotypes, i.e., inflexibility in the rat's behavior vis à vis the experimental requirements. In most cases the stereotype is a position stereotype and is said to be highly specific in character. Since *any kind* of adaptive response is entirely precluded, it naturally follows that whatever behavior the animal does show has no selective relevance and that learning is precluded; it is therefore said by Maier to be goal-less. This is not unlike cutting off

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Attention is turned next to the work of Maier on frustration and to his point of view that frustration is the study of behavior without a goal (118, 119) Attention here is centered on frustration (119) rather than on the details of Maier s numerous experimental studies

It is Maier s general thesis, in the experimental examples of what he calls frustration that principles of learning perception, and problem solving do not apply in an explanatory way and that frustration is a piece of behavior *different in kind* from all behaviors referred to in learning, perception and problem solving A difference in kind implies that a different set of laws and principles operate in the two conditions and the implications of governing principles may actually be in contradiction to each other (119, p 12) This difference in kind implies the absence of goal directed behavior in frustration instigated, or abnormal, behavior It is a characteristic of the animal under frustration that it lacks ordinary discriminatory and learning powers and fails to show behavioral modification in the experimental situation even though learning trials are carried far beyond ordinary limits into the hundreds of trials Maier says,

> In explaining the failure of such behavior to solve an obvious problem must we seek goals that are not apparent on the surface or must we assume that such behavior is not goal oriented (119 p 11)

Maier used the Lashley jumping apparatus in most of the studies with rats reported upon in his book This involved teaching the rat a discrimination problem by the selective learning of left or right preferences (or preferences for one symbol over another) where one alternative is reinforced by food when the animal is hungry The wrong choice of card (as it represents a symbol or a position) causes the rat to get a

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As the animal is returned again and again to this insoluble experimental situation, with pressure applied to force a response, the animal develops a response that Maier says ". . . has no adaptive value in the sense that it is adequate to the situation or in the sense that it is superior to any number of other possible responses" (119, p. 27).

This impasse leads to position and symbol stereotypes, i.e., inflexibility in the rat's behavior vis à vis the experimental requirements. In most cases the stereotype is a position stereotype and is said to be highly specific in character. Since *any kind* of adaptive response is entirely precluded, it naturally follows that whatever behavior the animal does show has no selective relevance and that learning is precluded; it is therefore said by Maier to be goal-less. This is not unlike cutting off

the animal's extremities and then coming up with the observation that the animal cannot walk! Moreover, it would constitute the use of this observation to state that the observation requires a theory of locomotion different from one applicable to rats that have legs

To recapitulate, Maier makes it impossible for the animals to show much variability in their responses in the experimental situation, makes a solution to the problem impossible (as he, himself, observes), then asserts that the ensuing lack of variability, the stereotypy and problem solving failure constitute reasons why the animal's behavior is to be considered different from goal directed behavior The position taken here is that the results of Maier's studies are a function of the experimental situation—which bears certain relationships to the conflict gradients of approach and avoidance—and do not rest on the behavior's being goal less, and that frustration is a subtype of conflict and can be understood by reference to the conflict paradigm

Stated another way, the alleged goal less nature of the animal's behavior, which is central to Maier's frustration theory, is an artifact of the constriction imposed on the animal by virtue of the experimental regime The following observations are given in support of this criticism of Maier's work

NOTE

Science has learned that its results are intimately related to the experimental conditions under which its observations are performed This notion is familiar in the writings of operationalists from Bridgman (19) onward Richards discusses a related point in the volume on cybernetics (154) adding a second principle to Oppenheimer's Principle of Complementarity (133) viz the Principle of Instrumentality Richards describes this principle as follows 'You cannot describe any system under investigation in abstraction from the instrument used for the investigation' (154 p 48) It would appear from Maier's book that he has tried to perform this abstraction leaving out the experimental conditions when he reached his theoretical discussion

Maier states that at first the animal shows a " . stage of variability in its choices and soon thereafter it refuses to jump (119, p 27) However, as pressure in one form or another is applied to the animal in the effort to make it jump, the animal's variability is cut down and stereotypy of behavior follows Presumably, even with the pressure to jump, the variability might remain relatively constant if other avenues of response were open to the animal The constriction is first in the experimental situation, not in the rat Later, as a result of learning and as a result of narrowing choices, the animal becomes stereotyped and fixed This seems to the writer not to be related to any alleged condition such as the absence of goal directed behavior, but to sheer physical opportunity for the behavior that occurs and to the precluding of alternative behavior by physical and spatial means

Moreover, the frantic behavior of the animals in the forced jump situation is like the fighting and tugging and striving shown by the animals in the Gantt and in the Anderson and Parmenter monographs As indicated above, these animals are caught or trapped at a point high on the avoidance gradient By virtue of the experimental situation they are not free to avoid or to escape, but are forced to remain in position (as in the studies of Gantt and Anderson and Parmenter), or to jump, which would amount to being put in a position even higher on the avoidance gradient (as in Maier s studies) It is no wonder that the narrowing field of possibilities precludes variability and alternative conditions Variability would come only from reducing the avoidance gradient, and none of the experimental regimes, up to the point of demonstrating the frustrations, make this possible for the animals

What seems to have escaped Maier is the conditional nature of his results His intention, like that of many who promulgate theories, is to find some kind of rock bottom, 'basic condition—in the sense of a discovery, usually involving physiological variables—that accounts for observed results,

and involves the eschewing of fuller study of the actual experimental conditions themselves, especially as they are conceptualized in terms of behavioral theory Were Maier to have asked himself questions concerning the relationships between his results and those of other experimenters, he might have been lead to consider the importance of the conflict formulations of Miller of Brown, of Lewin, and to have cast his findings in terms larger than frustration"

The fact that most of Maier s rats formed a position stereotype indicates, in the present context of theory, that the position of the animal and the choices available, themselves defined the situation for the animals studied Limitations came to the animals in terms of physical space properties, and this too, defined the highly specific nature of the ensuing stereotypes All this derives from the experimental situation, not from some intrinsic property associated with 'frustration and/or its presumptive goal less characteristic The analysis, therefore, has to proceed from a more penetrating understanding of the experimental regime itself, with the task of conceptually organizing these details forever kept in mind

It would seem to follow from these strictures that the Maier interpretation of the compulsive nature of the stereotyped and fixated behavior is subject to re interpretation the alternative possibilities for the animal's behaving differently are so narrow—or are precluded—that if one overlooks the nature of the experimental situation itself he is led to conclude that the behavior is compulsive in some independent, autonomous way This gives the behavior a different ring, as it were, and places the emphasis on the organism alone (Maier s position), whereas from the present viewpoint the experimental situation, the alternatives available to the organism, and the possible effect of the over all experimental regime (including opportunities for new learning as in the 50 percent and 100 percent punishment situations) are to be viewed as responsible for the fixation, the stereotypy, and the compulsions

Additional support for the present interpretation of Maier's findings seems to follow from his discussion of "guidance" in overcoming fixations in his animals (119, p. 53 *ff*). Through manual guidance and through precluding the animal's jumping toward the fixated-position-preference side, the animal was taught to make an alternative choice that, in time, enabled the animal to rise above the former fixation and to choose the correct (reinforced) card whether it was on the left or on the right side. To understand this alteration of a fixation one does not need to resort to considerations of factors other than the availability of an alternate response and the excluding of the fixation response through physical space limitations. This is a matter of response interference and of the availability of alternative responses; it is a matter that concerns the experimental conditions, not a matter of goal-less behavior in the animal. The presence of the experimenter's hand and the implication this has for changing the nature of the avoidance gradient (like the addition of the door buzzer to the 36 beats of the metronome in the Anderson and Parmenter study) in the experiment are considered as aiding and abetting the development of alternative responses.

There are many ways in which alternative responses could be taught animals in Maier's experimental setup, and in the Gantt and the Anderson and Parmenter studies, too. The first and most obvious is to permit the animal to escape the experimental situation (at least its immediate confines); another is to introduce some direct or indirect guidance (as per the hand in Maier's study; the buzzer in the Anderson and Parmenter study), which permits the animal to selectively differentiate between the present (newly introduced) stimulus and the older (frustrating) one, or allows for a pre-determined selection through physical space limitations. Both of these methods have the effect, stated in conflict theory terms, of *altering the avoidance gradient.* In an enlarged experimental setup—e.g., using a long, narrow runway—systematic alterations of the

approach avoidance conditions could be experimentally introduced and the direct effect on the organism's responses could be observed

Prodding the animal more, putting on more pressure by means of the electric shock under its feet or by increasing the air blast pressure, all push the animal further on the avoidance gradient, this has the effect of increasing the tension, of making the organism less resourceful, more rigid, less adaptable, and of giving rise to the sorts of symptoms—both physiological and behavioral—seen in the descriptive accounts of all studies of experimental neurosis in animals

The essential features of an explanation of these variegated results lie in a fuller description of the experimental situation and in translating these findings into conflict theory terms It is contended that conflict theory smooths out the differences among these demonstrations of experimental neurosis, places all of them in a new and larger explanatory context, relates the descriptive results not to entities in the organism but to experimental conditions themselves, and paves the way for a great variety of systematically instigated questions about psychotherapy (behavior therapy), about amenability to therapy under various regimes, and about a host of additional theoretical and practical concerns

The problem of the relationship between frustration and conflict must be dealt with In much of the clinical literature, and even in the experimental literature, the concept of *frustration* is sometimes used interchangeably with the notion of *conflict* Sometimes these terms are used as if the generic term were 'frustration", probably most often the term "frustration" is used in the sense of simple blocking of a response tendency for whatever reasons (social, physical) The position taken here is that frustration is a part of the larger conflict paradigm, that frustration as a concept in ordinary use can be introduced through use of the term 'conflict" (especially with specific quantitative conditions of conflict), and that its use adds

nothing to our knowledge of psychopathology or to psychotherapy but, on the contrary, usually adds obfuscation to this area of knowledge

For example, Maier's book contains the title *frustration* with the notion of conflict placed in a subordinate role. In discussing conflict and anxiety, Maier says

> Thus a woman might have a strong desire to consume malted milks but fears to gain more weight. She finally solves her problem by refraining, indulging or compromising. When anxiety occurs, the situation obviously includes more than this. In such cases the deprivation seems to be acute enough to produce frustration. With the appearance of frustration, compulsion in behavior is introduced so that behavior ceases to remain purely one of choosing between doing and not doing, as occurs in motivation. At the same time, frustration has not taken over sufficiently to produce action such as an attack on the object feared. The person remains motivated by fear and compelled by frustration. In this condition the person's behavior oscillates between behavior tendencies produced by the frustration process and those instituted by the motivation process. Viewed in this manner, anxiety is an intermediate condition in which both processes influence behavior. (119, pp. 132-133)

Other uses of the term are too numerous to detail. If conflict theory clarifies somewhat the notion of frustration, then the theoretical example will suffice for still different uses of the term. In the above passage, Maier seems to equate conflict only with the *vacillating* behavior that occurs in conflict; in fact, the vacillation is more fundamentally associated with that area of conflict (in physical dimension terms, and also in psychological 'space' terms) where the approach and avoidance gradients cross (21, 22, 23, 126, 140). Maier uses conflict in far too narrow a sense, taking little cognizance of the experimental findings with regard to conflict theory. In Maier's view one comes to 'frustration only through acute deprivation; less intense deprivation does not produce the intense reactions instigated by frustration. He also postulates theory at two levels, one of motivation, the other of frustration. This dichotomy

is a large jump, one hard to follow, and one that seems not to lend itself to a definitive or crucial experiment One essential implication of frustration in Maier s term is that it is the passing over, as it were, into a qualitatively different type of behavior, one that requires a different lawfulness and a dif ferent formulation The question here immediately becomes Why use two theories where one will do? '—especially where the one has far greater heuristic value and does not add the additional problem of when and how to translate from one theory (motivation) to the other (frustration)

In the Dollard, et al, book (38), frustration is also used in a broad sense and the notion of conflict is subordinate to it Conflict is relegated to the case of two incompatible action sequences expressing a specific act of aggression and of avoiding the punishment anticipated for such expression (38, p 36)

In viewing conflict theory as inclusive of frustration, the following strictures seem applicable

1 The motivation toward a goal region constitutes the approach tendencies of the conflict situation

2 The barrier in frustration is, itself, a negative thing it makes the goal region take on negative aspects as well as the positive aspects it already has The motivation then becomes double headed, having a positive (approach) aspect, and a negative (avoidance) aspect The barrier may range from simple, impersonal obstinance to aggressive retribution, it may be only physical, or it may include important personal and social meanings

3 As the organism approaches such a barrier, depending upon perceptual particulars (the strength and clarity of the perception), it will show the same type of behavior, in the sense of halting or vacillating, that it shows in the outright conflict type experiment and the organism will attempt to escape the situation depending upon how much the barrier is perceived to be of the retribution sort, and other particulars

4 Symptom formation occurs at the point where the motivation toward the goal region is exceeded in strength and in probability of occurrence by the avoidance or negative aspects of the goal area In other words, at the very start of locomotion toward the goal region, before any negative aspects have occurred, no symptoms are noticed It is only when the avoidance or unpleasant features increase in probability (perceived as lying in the future, and therefore worried over anticipated, if the organism is a human being or increase in actuality (as with animals in approach avoidance conflict amenable to measurement) that tension mounts and the symptoms appear Up to the point of the intersection of the gradients the motivation is unilaterally positive (approach) toward the goal, at the point of gradient intersection the probability of negative avoidance features increases rapidly (rises rapidly above the 50 level it is hypothesized) and overtakes the approach tendencies Tension ensues, symptoms appear If the organism is forced further up the avoidance gradient (as already shown in the above discussions of experimental neurosis studies), then tension mounts and the organism is virtually panicked By the time this point is reached, even on the first trial or run, it is likely that several organ systems are involved, probably in what seems to the animal to be the interest of survival

At this high point on the avoidance gradient, with force and/or restraint being used to keep the organism in the situation, and with the additional condition that problem solving possibilities are non existent or remote the organism is put in the position described by most of the students of experimental neurosis in animals Since the total organism is so completely involved in this critical struggle, it is difficult at this point in an experimental study to make out heads and tails It is much easier to understand the behavior at this stage of the study if one can place these behaviors in the conflict context, then the descriptive results become conceptually clearer, as do both the place of theory in the effort to enlarge upon knowledge, and

the relationship of this study to other studies; and the total field of psychopathology and related phenomena are more tightly tied to the rest of our knowledge.

It is possible to test all of these notions in appropriate experiments. Frustration-type studies can be made and the results compared with the behavior of animals in conflict studies; or the latter can be used to predict results from the former. The present theory of frustration, it is felt, actually leads to no salutary results. It is largely unproductive, so far as the present vantage point is concerned, to use frustration theory as a working basis in the effort to develop a theory of psychopathology and psychotherapy. The give-and-take of the approach-avoidance analysis; the dynamic nature of their interaction; and the great heuristic value in explaining psychotherapy, symptom-formation, and the genesis of psychopathology, are all so important that conflict theory seems at this juncture in our knowledge to be the sine qua non of this area of theory development.

The last reference concerning the value of conflict theory in handling the varied results of experimental-neurosis studies is to be made to the Masserman studies of experimental neurosis in cats (120).

Masserman studied several dozen cats over a period of years, relating the results to psychobiological and psychoanalytic theory. In his discussion of his rationale he says (120, pp. 21-22):

". . . the methods to be employed in such investigations are . . . implied: one need but select animals with adequate sensory, perceptive and motor capacities, place them in an experimental situation in which various perceptual symbols can be made to signify the satisfaction of some biologic need, such as hunger or thirst, and then study the behavioral responses of the animals to the following procedures: (1) increasing or decreasing the biologic need selected for study; (2) varying the symbolic sensory stimuli preceding satisfaction of that need; (3) reinforcing, delaying, or frustrating this satisfaction by experimental means; and (4) making the consummation of the need either (a) insoluble because of confusion of symbols

or (b) conflictful by pitting two opposite needs against each other—as, for instance, by creating an experimental impasse between hunger and fear

It is not necessary to go into detail regarding Masserman's procedures In the interest of space considerations here, the interested reader is referred to Masserman s book The position maintained here is that all of Masserman s procedures are capable of being conceptualized under the conflict paradigm that the first three methods mentioned, as well as (4 a) above, are all reducible to conflict theory

Masserman used a small experimental box approximately 20″ x 20″ x 40″, one side of which was glass so that the animal s behavior was accessible to the experimenter s view His general procedure was to motivate the cats to learn various behaviors in the interest of being fed when hungry then to make this motivation condition conflictful in various ways within the confines of the experimental situation A brief summary of the use of conditioning in the study of experimental neurosis is given, together with illustrative pictures on page 62 of the Masserman volume, appropriate pictures follow each letter designation

(a) Normal cat trained to open the food box to secure food at a light and bell signal The cat readily enters the experimental cage and actively resists removal even between the food signals

(b) An animal similarly conditioned but thereafter made 'neurotic by an air blast at the moment of food taking Despite starvation for 48 hours and the presence of food in the open box the animal now makes active attempts to escape from the cage at the food signals as indicated by the flash of light

(c) Appearance highly suggestive of anxiety in a neurotic animal

(d) Continued refusal of food by a neurotic animal which has starved itself for 2 days

(e) Neurotic cat snarling at the signal for food

(f) Compulsive hiding of the head in the food box at the conditional signal for food (sound of an electric bell)

(g) Phobic reaction accompanied by frantic attempts to escape

made by a hungry neurotic cat constricted against the open food box by the movable barrier

(h) The neurotic animal persistently presses a switch which actuates the feeding signal (pilot light) but makes no attempt to secure food

This is roughly the story of the making of cats experimentally neurotic in the Masserman studies Some animals received air blasts as punishment, some received electric shock from the grid, and some received both simultaneously Signs of neurotic behavior were changes in spontaneous activity, phobic responses counterphobic responses, and regressive behavior (120 pp 67 71)

When, in the course of ensuing trials, the cats developed the neurotic symptoms, they were, in effect, placed repeatedly high on the avoidance gradient were unable to solve the problems presented them, and were unable to escape As trials were repeated the whole experimental complex seemed to take on the characteristics of the experimental box itself, in learning theory terms the characteristics of the box with its small physical dimensions generalized to the total experimental setup In a more perceptual sense the tension provoked by the experimental regime narrowed the animal s perceptions and accounted, in turn, for the lack of resourcefulness of the animal and for its inability to discriminate between provocative (punishing) situations and those not provocative

In discussions of the Anderson and Parmenter and the Gantt books, it was stated that the rest periods did little or nothing or ameliorate the neurotic conditions in their animals The same is relatively true for the Masserman studies of cats

> Thirty of thirty seven neurotic animals when returned to the experimental cage for further work after rest periods of from two weeks to five months, manifested the same types of abnormal behavior in almost the same intensity as on the last day of the previous period of experimentation (120, p 72)

In the other seven animals the rest period had some ameliorative effect Other therapeutic measures used were

reduction of one of the conflictful drives, 'reassurance" and 'persuasion," "forced" solution by environmental manipulation, the presence of a normal cage mate, and partial control of the experimental situation by the animal subject

The reduction of one of the conflictful drives (avoidance) —through feeding in the animal room before coming to the experimental box—had some effect in that the animal in the experimental situation was not as tense and showed minimum phobic responses This constituted an indirect effort at reducing the avoidance gradient by means of an alteration in the approach gradient (by feeding the animal before it was placed in the experimental box thus making the hunger drive —and indirectly the avoidance gradient—less) This method did not lead the cat to a comfortable feeding in the experimental box, however From the present viewpoint further exploration with this type of indirect effort to reduce the avoidance gradient might be profitable Much more important and far more profitable—it is postulated—would be efforts that directly affected the avoidance gradient The prediction is that direct reduction of the avoidance gradient would be more helpful in overcoming the neurotic behavior than would indirect measures centered around lowering the approach gradient Alterations of the approach gradient, for one thing, would be more temporary, when the hunger (approach) drive was reinstated at a previous (high) level, the neurotic behavior would again be evidenced

Masserman s reassurance and persuasion techniques seemed to work only so long as the experimenter's hand was present, if the neurotic elements associated with the experimental box were generalized to the experimenter himself, then his presence did not reduce the cat s avoidance tendencies This method constitutes an addition to the usual stimulus complex—similar to the addition of the door buzzer in the Anderson and Parmenter study, and to the presence of the manual guidance by the experimenter in the Maier study—permitting, to some extent, a differentiation between the old stimulus complex

(experimental-box-without-experimenter's-hand) and the new one (experimental-box-with-hand). There are, however, a number of uncontrolled elements in this situation making it difficult if not impossible to make a clear-cut prediction as to the possible effect of the intrusion of the experimenter's hand. If the experimenter himself already is associated with the noxious features of the experimental box, the hand that is supposed to reassure (to reduce the avoidance gradient) may produce the opposite result. The hand would be an additional noxious, to-be-avoided stimulus and would increase the animal's tension instead of reducing it. At any rate, speculation as to the effect of the hand in this type of case is dangerous; it remains speculation rather than an honest attempt at prediction following from a delineation of the forces involved. Masserman did not carry through this type of interference with the neurotic process in his animals in such a way that the full implications could be shown. In the absence of clear-cut theory on his part, we are left with poor jumping-off places for new studies or for predictions from his regime.

Masserman's technique of "forced" solution is equally hard to evaluate. It seems apparent, however, that the sheer increasing of the avoidance gradient—by forcing the animal in toward the goal region, or by making the animal hungrier through additional days of enforced (or voluntary) starvation—nets poor results so far as overcoming the behavioral impasse is concerned. The introduction of the sight and smell of food—apparently outside the experimental box—had the effect of introducing a distinguishable characteristic of the stimulus complex, but this technique is somewhat similar to other indirect raising of the avoidance gradient. It is apparently impossible to raise the approach gradient without also raising the avoidance gradient. Stimulating the animal, by whatever means, to procede further inward toward the goal-shock region does not have the simple effect of increasing motivation toward food consumption, but has the more powerful effect of raising the avoidance gradient, increasing the tension, and further

disturbing the animal. Lowering the avoidance gradient, however, by whatever means, does not materially reduce the approach gradient. This is a vast and important difference, one apparently not well recognized in the experimental literature, yet subtly accounting (it seems from the present viewpoint) for the disparate and inconclusive results obtained by all of these experimentalists as they attempted to introduce "therapeutic" conditions into their respective experimental setups.

Obviously the names given these therapeutic techniques in Masserman's studies, as well as in the other studies, are misleading. What appears, on the basis of the name given it, to be one type of interference—e.g., Masserman's "forced" solution —turns out on closer analysis to be equivalent to a different type of dynamic interference. The point is simply this: without a theoretical guide that at least seeks to focus the therapeutic endeavor on some particular features of the dynamic interplay of approach-avoidance conflict, the results are likely to be ambiguous, misleading, overlapping, or otherwise non-instructive.

The effect of a normal cage-mate and of partial control of the experimental situation both add up to a change in the stimulus complex by the introduction of new elements into the conflict situation—which may or may not have the effect of permitting the animal to differentiate between the "new" stimulus complex and the "old" one pertaining to the original experimental setup. It is difficult to evaluate these therapeutic measures since their theoretical moorings are given so vaguely or the exact nature of the experimental regimes is given in a way so spotty as to preclude a recasting of the methods into an alternative theoretical mode. "Partial control" of the experimental situation sounds a little bit like the kind of thing done in psychotherapy—like the "working through" (120, p. 79) so often associated with human therapy efforts—but in the human case the working through seems to the writer to be mostly a way of directly reducing the potency of the avoidance gradient, and also a way of "testing" the generality of the avoidance

gradient (or the new learning that tends to contradict its potency) in new situations

Although experimental evidence direct to the point is not presently available, it seems highly probable that the most successful means of rendering to animals in experimental conflict situations something equivalent to human psychotherapy is to provide some means of reducing the avoidance gradient As has been indicated above, there are several ways in which one can go about this effort One has to be very careful, however, for it is not a simple undertaking Even with humans the effort is tricky and often precarious The semanticist's effort to help the human differentiate between 'dog in 1925 and dog in 1956, of both of whom the person is or has been afraid, have not been much to the point Just dating the dog and its fear provoking qualities seldom suffices as a cue for differentiating between the two dogs or situations involving fear of dogs and is also too feeble to provide adequate disconfirmation of the multitude of hypotheses about dogs and dogs in various situations that the human holds

Providing the organism with some kind of control over the stimulus situation (and over itself in relation to same), based on a perceptual discrimination between the 'old and the 'new,' seems to be potentially useful in therapy

From the present viewpoint the one major objective, stated most simply, in psychotherapy with humans or with animals is to reduce the avoidance gradient Much more work, on humans and in animal studies, needs to be done to ascertain the most useful and productive methods for accomplishing this

Casting the great variety of experimental and clinical findings and observations in conflict terms, then, helps to delineate problems that were previously overlooked, helps to detect pseudo or non productive leads, and generally channels thought and practice in more precise and testable ways

The impression to be gained is that much of the experimental neurosis literature, while helpful and provocative in some ways does include many unclear findings and is spread

thin over a wide gamut of behavioral problems without enough direction, without theory that is well knit and testable and heuristic If this is true of the experimental literature, it is even more true of still more vast and far flung clinical obser vations The clinical field abounds in conflicting observations in untestable and untested notions, in a kind of scientific obtuseness Although there are important exceptions to this generalization, the mean performance is pitched at an uncritical level from any scientific vantagepoint

Before turning attention more explicitly to psychotherapy, we can attempt some generalizations between the first chapter (on psychotherapy cases) and the present chapter One could say that the animals studied in the experimental neurosis research are, by virtue of experimental manipulation of their needs, asserting something (the drive for food when hungry) The further manipulation of the experimental regime disconfirms this assertion through the introduction of shock, air blasts and equivalent conditions These two conditions constitute the conflict elements of approach and avoidance and they corre spond in turn, to the assertions and disconfirmations used in the descriptions and explanations of the cases cited in the first chapter (and elsewhere throughout this book)

From the impasse created by the approach avoidance con flict (or the assertion disconfirmation conflict), tension develops Tension being the highly general state that it is (both psy chologically and physiologically) gives rise to a variety of symp toms and syndromes These are systematically collated and quantified in various personality tests in certain treatments of psychotherapy protocols, and in case histories

If the conflict is not resolved, and if it is very strong, the tension tends to narrow the organism's problem solving poten tial This narrowing, in turn, increases the probability that the same behavior will occur if and when the conflict is re activated Redundancy ensues It may lead to an expansive aggressive assaultive kind of behavior complex, or it may lead

to a restrictive-inverted, self-punishing one; or to various combinations and in-between stations.

Broadly, then, the task of psychotherapy is to reduce the avoidance condition so that the conflict can be lessened and better problem-solving can ensue.

CHAPTER FIVE

PSYCHOTHERAPY— GENERAL CONSIDERATIONS

The area of knowledge and field of application of psychotherapy is shot through with a variety of opinions and practices that are confusing to an outsider and puzzling even to the more experienced clinician. So much of the practice of psychotherapy is an expression of individual and interpersonal (clique) preferences in the therapist(s)—preferences not more valid than those for food, drink and leisure-time activities—that it becomes a formidable task to attempt to ferret out *scientific* problems for study. It is also difficult to attempt to reconceptualize the personal aspects by translating them into some set of hypotheses that the therapist may be presumed to be covertly following. In studying psychotherapy it is this myriad of personal and idiosyncratic factors that leads many to throw up their hands in despair, to consider the human elements as defying systematization, to consider every case different from every other one, and to consider conceptualization impossible. This is, as the reader will perceive, a way of putting

the idiographic nomothetic problem so that it discourages research

Rioch's comment about psychological theories seems to apply as well to therapies

> Theories like language are central nervous system activities which have two functions one of which is highly economical for the single organism the other for the group (155 p 141)

Rioch's further comments about the group relevant nature of theories seem also to apply to therapies or to theories of psychotherapy The interpersonal aspects of particular theories of therapy have obviously had a pejorative effect on investigation of the scientific problems concerned and this lack of objective discipline has opened the door to bigger and fiercer battles among groups of psychotherapists One almost never hears a clinician—particularly a psychotherapist clinician—ask himself or a colleague What are the conditions under which your notion could be tested? What kinds of data would you be willing to accept as relevant (pro or con) to your hypothesis? Psychotherapy is an area that abounds in lack of discipline The number of therapists who are exceptions to this generalization is indeed small certainly the most noteworthy exception is Rogers (and the people influenced by him)

NOTE

A few psychiatrists recognize the poor scientific training and/or discipline that exists in their field (30 162) For example

> *In few medical specialties is research more acutely needed than in psychiatry and perhaps no comparably important area shows greater research neglect As they [psychiatrists] mature in their profession however their active interest in clarifying the unexplained usually wanes and an unquestioning acceptance based on clinical familiarity with strange behavior replaces curiosity* (30 p 1)

And from the same self critical source

> *The extent of published research if we eliminate that which bears directly upon therapy is almost negligible There is in fact relatively little systematic research being carried out by psychiatrists if we exempt the therapeutic and diagnostic areas* (30 p 1)

It might be added that even the published reports on cases on psychotherapy and on diagnosis usually cover only one or only a very few cases caution against spurious and unreliable conclusions is needed in these instances The research efforts are often poor unless great scientific care has been taken

Why is there such a poverty of research in psychiatry? The C A P publication attempts to answer this

Medical students and interns rarely receive even the most elementary training in research methodology for work in psycho pathology No amount of courage and enthusiasm can counter balance this lack (30 p 2)

And

An important factor in the lack of training in research method ology is the absence within many medical school departments of psychiatry of sections or divisions of psychopathology or psychody namics where basic research can be carried on without concern for clinical demands (30 p 2)

Those astute observers of the psychiatric—Reusch and Bateson (162)—have also commented on this general problem An excerpt from the tail end of a conversational piece illustrates the point

A Freudian The more experience I have in psychiatry the more convinced I become that it is impossible to verbalize what I do Indeed psychiatrists—and especially the more gifted and im aginative members of the profession—devote not a little of their time to moaning that the letter killeth and the development of their science is not a little delayed by their unwillingness to take notes upon what happens in therapy All of this protest against the letter' is it seems to the writer, related to fallacies of codification and especially to the fallacy which equates the codified message with that to which it refers (162 p 246)

One might add that even the taking of notes might be greatly improved upon The electrical recording machine has been with us for some time and generally records quite faithfully what takes place verbally between the client and the therapist!

Reusch and Bateson go on to say,

For the present we observe that psychiatry is predominately concerned with the perception and description of the abnormal and undesirable and that the technical vocabulary is almost entirely focused upon the pathological aspects Many psychiatrists in fact complete their training without becoming familiar with some of the most fundamental ideas in the related but non normative science of psychology (162 p 231)

And finally,

there is a comparative lack of terminology in psychiatry and [of] articulate statement to deal with the instrumentalities of therapy The psychiatrists are short of words to describe the implementation of their task Very little has been done to specify the tricks and recipes of therapy Indeed it is a common complaint of young psychiatric residents and others who apprentice themselves to the profession that their teachers cannot tell them what to do In sum it is a science rather inarticulate about its operations and with its theoretical focus concentrated upon the diagnosis of abnormality and the analysis of normal dynamics in abnormal circumstances The dynamics of normal circumstances and the methods of implementing the therapeutic process are comparatively little studied (162 p 235)

Some social workers have grasped the importance of scientific study of their professional activities (83 84 98) As these references indicate James McV Hunt formerly at the Family Service Association in New York instigated research along the lines characteristic of psychiatric social work Hunt has collaborated with several social workers in these research efforts

In the psychology profession the student is acquainted from the beginning with his research responsibilities and with the importance of always maintaining a critical eye toward the working assumptions of clinical or any other kind of psychological work Landfield makes this point well and also precludes the usual misconception so extant in clinical circles that research and clinical work do not go well together

The effective communication of a research orientation to students is essential to vigorous growth of the clinical field The importance of this task can be supported by two fundamental arguments First of all formal research and clinical observation are complementary processes Sound clinical observation leads to fruitful experimental hypotheses In turn clinical observation supported by research enhances the effectiveness of the clinician Second making explicit predictions about how a client will and will not respond under certain conditions is the only way in which the clinician can check the validity of his clinical skills The student who can accept a research orientation even in his clinical work is functioning as a scientist and other things being equal should develop his clinical skills more rapidly than the student who is content to live with his current biases (103 p 210)

These strictures obviously apply to more than students—they apply even more forcefully to clinicians of all stripes regardless of the number of years of experience they have

It is possible to derive several research problems from these strictures In terms of an interest pattern type of research possibly

following Strong's approach, it would seem that clinicians interested in science theory research as well as in clinical practice itself could be separated from those who have only a maudlin type of interest in persons untempered and unrestrained by knowledge and by scientific concern The latter group might be expected to have little or no interest in research, would be emotionally dependent upon authority figures, would relish having others (viz patients) depend upon them, would find it difficult or nearly impossible to deal objectively with a host of human problems, would be relatively unreceptive to methods unknown or untried by them would tend to become involved emotionally in treatment situations with clients, and so on One might delineate two broad groupings on strictly interest type items but one also might pursue the emotional personality dimension to separate these two groups of clinicians

A further kind of research on this general problem would be to study extant clinics or mental hygiene services and to separate them on the basis of the research theory activities such clinics might engage in It would be expected that in clinics where research is more important, the clinical attitudes and clinical practices would differ from those in clinics where no research or intellectual interest of this sort appeared In turn, these orientations of clinics as units, would depend upon the interest and personality dimensions of the clinicians who made up the clinic staffs Clinics could be separated initially in such an investigation on the basis of prevailing philosophy (Rogerian, Adlerian Freudian, Neo Freudian, and so on), and/or upon flexibility of treatment methods where such practices as short term therapy, group therapy, and other highly flexible arrangements were followed

Such a broad examination of pervasive clinical orientation in persons would be useful in selecting—at the beginning graduate level—potential clinicians who might directly contribute to research, as opposed to those whose only interest would be in the emotional support, and in the opportunity to influence others, that they would derive from clinical work It is implicit that the 'dependent type" of clinician is interested in helping others solve their problems in lieu of having made satisfactory inroads into his own problems hence the reason for his *emotional* absorption to the exclusion of any scientific interest in his clinical work

But this vagueness and lack of absorption in scientific problems is not at all necessary Although the problems are admittedly complex and hard to convert into questions answerable by research, and although research that has design and relevance is hard to come by in this area, the picture is far

more hopeful and promising than many are ready to admit

The academic field of psychology has only lately come to recognize the relevance of research problems in the clinical field, particularly as regards research in psychotherapy and related fields Psychotherapy as a field of interest has sometimes been made disreputable by its lack of profoundness, this problem, in turn, has arisen due to the neglect of those who might have dealt scientifically with it and to the maudlin absorption of those who have seen constructive problems in psychotherapy but have been loath to communicate their hunches in testable ways Now that a middle ground is being cleared (during and since World War II), the relationship of psychotherapy to the rest of the field of psychology is being made articulate, psychotherapy is losing its grandiosity on the one hand and gaining in credibility on the other hand

Until recently, psychotherapy has been dominated almost entirely by psychoanalytic formulations Although there are several varieties of theories (many call them dogmas) in this vast area (18), probably all psychoanalytic formulations have as their core the notions of depth, the unconscious, and re pression—and a host of secondary and auxiliary concepts (2, 15 29, 51, 52, 53, 54, 55, 56, 57, 63, 69, 71, 74, 75, 89, 90, 102, 165) The logical structure of psychoanalysis has not been well de lineated The more modern versions of psychoanalysis, which still bear considerable resemblance to Freud's formulations—e g , those of Horney, Sullivan, Fromm—seem a bit clearer in structure and are undoubtedly more closely related to the rest of knowledge in the social and biological sciences (130 a) How ever, even these writers take much of traditional psychoanalysis for granted and it is a common observation that many of the followers of these three modernists have begun to regress to the mean, as it were, of the range of concepts between traditional and progressive, since the deaths of Sullivan and Horney It is as if the followers of these three modernists were unable, on their own, to ferret out new leads, to find a solid base for con

tinuing a new viewpoint, hence they fall back on traditional, but less tenable, concepts

One of the great drawbacks to psychoanalytic theory has been its lack of testability, and the attendant indifference to research among its followers In the face of empirical poverty and unsophisticated theory, there ensue cults dogmas, and much wrangling between schools Even the very refreshing and provocative notions of Sullivan have not been studied in the clinical psychotherapeutic context to any great extent, and Sullivan's notions seem to the writer to be far more respectable empirically than are those of any other psychoanalytically in clined psychotherapist Some think his work is now in the process of becoming moribund for lack of courage interest skill, and theoretical sophistication among many workers who might put his ideas to test in the psychotherapeutic context

But even Sullivan has not offered a theory he has offered a general point of view (190 192) To have approached theory construction in his work, Sullivan would have had to present his ideas in more detail, making explicit his choice of variables pointing out what constituted his major propositions, stating some of the implications derived from his notions of psycho therapy, and indicating how his ideas could be tested His early emphasis on operationism, although healthy and important was really a very belated move on the part of psychiatry to get into the scientific swim of things and, unfortunately, it is an idea that has not yet caught on at all well in psychiatric circles It is doubtful whether depth psychiatry and psychology are any more operationally oriented today than they were 20 years ago

Most of the work on psychotherapy has been derived from implicit notions of personality—notions which as we have shown, contain ideas of depth (the mind being likened to a well or cylinder having as its principal characteristics a vertical dimension and hydraulic action), plus a host of other notions that serve the general purpose of keeping experience memories, thoughts, in their places within this vertical chamber All of

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regarding the therapeutic undertaking and for his painstaking and persistent empirical attitude Without him, psychotherapy would still be in the dark ages for even people like Sullivan and Horney have so poorly communicated their ideas and have so loosely tied them to the empirical requirements of a scientific study of psychotherapy that little remains from their work upon which solid scientific progress can be based Clinical work, even in the most forward looking areas, has been largely non cumulative, and no solid basis has been laid upon which subsequent theory and practice can build

Psychotherapy is regarded herein not as a means of making the unconscious conscious, nor as a method of treatment that takes this problem as its implicit basis Psychotherapy, like other methods and other human interactions seeks to bring about a change in behavior through psychological means, i e , through methods that do not rely on drugs, or on electrical, physical, and similar devices This amounts to bringing about changes in response strength and in response direction The emphasis is to be placed upon the *kinship* of psychotherapy to education, to group dynamics methods, and to other human interaction, where behavioral and attitudinal changes result from a change in the dynamics that give rise to the to be changed behavior Psychotherapy, then, is viewed from the theoretical standpoint best described as an *interference* with on going behavior and attitudinal characteristics rather than as a method that brings about change through extraction, uncovering relieving (and reliving) repressed materials Repression has no place in the present scheme of things

Evidence is legion for viewing psychotherapy in interference terms (terms that include some notions also included in teaching) as a way of helping the person to base his behavior and attitudes on self assumptions and others assumptions Viewing psychotherapy in this manner permits an integration of psychotherapy with the rest of our knowledge it disagrees with the view that therapy is some deep, dark, mysterious, almost

these secondary concepts—relating mostly to what is known as defense'—fill out aspects of an implicit theory of personality that tends to make the individual largely a victim of his unconscious mind Motivation, in such a system of thought, is all from behind all push and no pull,' and mostly mysterious, covert elusive diabolical, and sometimes dishonest as well

It is not worthwhile to speculate here about how Freud happened to develop the ideas he did, how the intellectual climate in the science of the late 19th century influenced him, and how at the same time knowledge in what we today call the behavioral sciences was extremely meagre (53, 196) Freud was an explorer, a genius of no uncertain magnitude, and a creative person It is possible to recognize Freud s contribution, to respect the questions he asked and the areas of knowledge he opened up without being forced to consider his answers as relevant or as currently useful (except in a historical sense)

Two extreme attitudes toward Freud have prevailed There are those who feel that his questions *and his answers* are the best yet These people cannot recognize his greatness without at the same time feeling impelled to believe, unquestioningly, everything he said The other group is composed of those who feel that his answers are faulty, that therefore his questions, too, are unworthy of consideration Neither of these extremist groups seems able to separate the baby from the bath water

As the previous discussions regarding the unconscious and the nature of the conflict paradigm indicate, the viewpoint taken here is one that seeks an alternative set of notions and proposes alternative hypotheses to those of traditional thinking in the areas of clinical psychology (and psychiatry) We are, then, wholly dissatisfied with prevailing notions of psychotherapy and with the whole superstructure of Freudian theory and other depth notions that support prevailing psychotherapeutic practices Effort will be made to re structure the problems of psychotherapy A great debt is obviously owed Carl Rogers for his explorations into more productive ways of

is effective psychotherapy is whatever reduces conflict whatever is unwholesome or productive of poor mental hygiene conditions (through conflict) leads to psychopathological involvements (or, on large scale, social bases to sociopathology)

In the context of the earlier discussion of conflict theory it became necessary to understand the importance of the approach and avoidance gradients A variety of findings in animal research on experimental neurosis was explained by relating the experimental regimes to their conceptually more fundamental approach and avoidance characteristics It was shown how, when animals were caught or trapped high on the avoidance gradient (by virtue of the experimental arrangements in the particular study), diverse behavioral effects could be subsumed economically and heuristically under the approach avoidance concepts This analysis made it possible to assert that whatever reduced the avoidance gradient in the conflict situation would have at least an ameliorative effect Simply increasing the approach gradient values (without reference to the avoidance conditions), by whatever means would apparently have little or no constructive effect, and might have a decidedly negative effect, depending upon particulars

There seem to be a myriad of ways in which the avoidance gradient can be reduced either directly or indirectly, and some of these techniques have been illustrated in the experimental work by Masserman, by Anderson and Parmenter, and by Maier We might, if we extended the effort draw at least a hypothetical curve showing our theoretical expectations as to what kinds of interference with the avoidance gradient would produce the most ameliorative and/or reorganizational effects Least effective for the organism in novel situations (i e , situations different in degree from the original experimental one) would seem to be the introduction of mechanical limitations such as the guiding hand of the experimentalist in the Maier frustration studies more effective would seem to be the learning of control over the situation by the animal through efforts extended by the animal apart from *direct* human or mechanical

imponderable thing that is unanalyzable It seeks to place psychotherapy squarely in an empirical and testable framework that may be enlarged by means and study other than that which is strictly clinical or therapeutic Animal studies, group dynamics studies, studies on interpersonal relationships in all manner of settings and more theoretical studies in the areas of learning and perception and communication can contribute at least indirectly to our knowledge and practice of psychotherapy The mystery is taken out Moreover, a basis for testing conflicting ideas can be laid in this manner, different psychotherapeutic approaches can be referred to a testable framework and their similarities and differences weaknesses and strengths, can be exposed and capitalized upon

It has been stated previously that the notion of conflict is hypothesized here to be the sine qua non of psychopathology This idea has been explored to some extent in the chapter on conflict theory If conflict gives rise to psychopathology and if psychotherapy is an effort toward relieving psychopathology then psychotherapy bears considerable relationship to the conditions of conflict in which a person in need of help finds himself (This applies as well to social conflicts between large or small groups to international affairs, not alone to personal involvements) Psychotherapy is a technique, for it embraces a set of principles of importance in resolving conflict Psychotherapy does not involve the unmasking of an unconscious for no unconscious is involved in the psychopathology that leads to the need for therapy Active conflict, however, is the root of the problem

The notion of conflict is central in the present discussion of psychotherapy, as it was in the earlier discussion of psychopathology Psychopathology and psychotherapy are opposite sets of conditions—in the sense that learning and extinction are opposite' Psychopathology is produced by and through conflict psychotherapy attempts to resolve the conflict and thus to reduce psychopathology Understanding either psychopathology or psychotherapy implies an understanding of the other What

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intervention It would be necessary to standardize the conflict situation as well as to standardize ways and means of affecting the strength of the avoidance gradient in order to test this notion

Theory would predict similar results with humans Insofar as our conceptualizations are relevant, insofar as the paradigm of the conflict situation is useful with humans—such usefulness is here postulated—we can cautiously attempt to replace con cepts and procedures useful in the animal experiment with therapeutic equivalents at the human level We are not as serting simply that because such and such works with animals it must, perforce work with humans Given, however, a heuristic conceptualization derived from animal studies (or studies of the machine, of the electronic brain, and so on), we are able to use this as a guide in hypothesizing useful experi ments and studies (including clinical innovations) at the human level

Specifically, it seems that whatever reduces the avoidance gradient for humans in a particular situation, or group of situ ations would have the greatest ameliorative effect Now we are not talking about the use of alcohol or drugs to numb the senses and thus make the person less sensitive to his problem, we are talking about avoidance gradient reduction that has some differential influence, some staying power and some effect in the direction of making the organism less stereotyped, less rigid, more resourceful

Except in very mild cases of human conflict, a pat on the back, a 'pep talk, and similar 'forward push" techniques would all seem not only to have short lived effects but also to run the risk of increasing tension because of the calculable effect of such efforts to push the person farther up on the approach gradient, thus indirectly increasing his avoidance tendencies and consequently increasing the conflict and the tension he experiences On the other hand, many *mild* prob lems, particularly in the field of parent child relations do submit to what we would here refer to as direct efforts to

strengthen the approach, as distinct from the avoidance, gradient. The difference lies in the strength of the conflict situation, in the relative strengths of the approach and avoidance gradients, and in the nature of the interpersonal situation that gives rise to variations—often momentary—in the approach avoidance gradients.

It would seem from these strictures that the commonest errors in efforts to help people with interpersonal problems are. First, efforts to strengthen the approach gradients when this inadvertently serves also to heighten the avoidance gradient and thus increases tension, and, second, the omission of efforts to strengthen the approach gradient [for example, by setting "limits" with children (142, 143)] because of the penchant clinicians have for considering all behavior problems to be deep seated, and requiring prodigious, long term, investigatory techniques (51, 52, 69, 89, 90).

The failure to distinguish between these two sets of available techniques and to see their judicious applications sets the psychotherapy world at odds with itself. It blurs the theoretical problems so much that appropriate research is not carried on in a way calculated to resolve the difficulties and/or to contribute to our knowledge and practical efficiency in working with people. A method, or a group of methods, must be found for ascertaining where people are with respect to conflicts and to make available appropriate techniques for helping them to help themselves. This should rightfully, from the standpoint of this book, be the task of psychological testing and/or other diagnostic work. Instead of using tests and interviews to delineate the plethora of *symptoms*—which is what we do and what Rogers and others have reacted against—diagnosis and pretherapy study (or diagnosis in the absence of any therapeutic opportunities) could be directed toward estimates of conflict intensity and conflict pervasiveness in a variety of situations as they affect the individual.

It might appear at first glance that the line of thought followed here suggests that we number or categorize people

in some arbitrary fashion and then dole out or dish out to them treatment A' or treatment B" No, not at all In no way do we eschew such therapeutic attitudes such as acceptance, understanding, and empathic communication One would still maintain or strive to establish these constructive interpersonal climates in any therapeutic exchange (47, 48, 49 141, 142, 143, 189) What is at issue is that in the multiplicity of therapeutic techniques and in the variety of theoretical positions about psychotherapy there are instances of confused and confounded and conflicting hypotheses—all of which cannot be right, while it is not likely that all of them are erroneous

We have first to develop a more explicit theory of psychopathology and psychotherapy to know what our varied viewpoints and practices mean If we discover, as probably we will, that some therapists use a total push" method or suggest the reading of a few books that give out a few recommendations (maybe even in an ex cathedra fashion), and that these therapists still get seemingly good results (provided they can substantiate their claims by research evidence), then these findings have to be accepted If, on the other hand, diverse and conflicting viewpoints produce about as good results, they, too, have to be accepted We need, then, to search for theoretical leads that will explain these results and permit us to look at the same time at the failures of each type of therapy

It may well be that what people have considered important in therapy is really of secondary importance Whether one is directive or non directive, whether one thinks problems are derived from one kind of experience content or another (e g , Freudian oedipal theory, Adlerian inferiority theory, or whatever), may be quite unimportant in the long run At the same time (as much research is now beginning to suggest), the important condition in therapy may be the kind of relationship formed between the therapist and the client Since a reasonably understanding and helpful one is formed most of the time by most therapists with sizable degrees of experience, they all get

about equal results with their patients If these diverse thera pists attribute their results to superficial and/or idiosyncratic features of their therapies it is easy to see how schools get started and how the differences in theory (more so than dif ferences in practice) are blown up out of all proportion while the hard core of therapeutic reality is constantly being over looked or taken for granted

Evidence at this time (42, 43, 104 175) seems to show that even if one does not try any particular psychotherapy with hospitalized neurotics, but merely takes custodial care of them, the proportion of successes is still about equal to that produced in public health institutional practice on an out patient basis The common range of success here is between 50 and 65 percent, where success commonly includes two degrees Improved and Successful, with a contrasting single Failure' category In the absence of standardized fol low up procedures and measurements, it is most difficult to interpret the meaning of the commonly reported figures There may be some kind of halo effect operating in the minds of the therapists who judge the successfulness of their patients In some cases, too patients themselves have judged their amount of recovery, although in most instances the thera pists have rendered such judgments These different bases make evaluations difficult but the similarity in therapeutic results does at least call for detailed scrutiny

Since psychotherapy through the past five or six decades has been largely presented as an occult kind of phenomenon, it is natural to find the more tough minded scientists skeptical and suspicious of it As has been indicated above, the two rather extreme positions that psychotherapy is great and psy chotherapy is a fake have obfuscated the issues So long as psy chotherapy has no ascertainable relationship to the rest of our body of knowledge, it is to be expected that it will acquire devotees and disciples on the one hand and strong adversaries on the other

An alternative way of looking at the results from various

therapies is to hypothesize that psychotherapy has many features in common with whatever goes on between people in interpersonal transactions everywhere outside the clinic in everyday life all of the time. Psychotherapy, like most of the methods of science, is but a way of focusing upon and capitalizing upon natural forces already in operation, a way of 'harnessing nature' By seeing the relationships between psychotherapy and such other phenomena as group dynamics, attitude changes in the face of deliberate educational efforts, spontaneous" changes in behavior and attitudes, communication theory, learning and perceptual theory, and so on, we make its place more secure and more matter of fact, and we no longer have to quarrel about whether psychotherapy is or is not grist for the scientific mill.

CHAPTER SIX

PSYCHOTHERAPY—TOPICS

In this chapter effort is to be made to work out further the problems implied in earlier discussion of psychotherapy Some notions not now popular will be developed here, not with a view toward activating a new and separate "school,' but with a view toward organizing and synthesizing existing knowledge and pointing up what are herein considered to be neglected aspects of the dynamics of psychotherapy The notion of conflict remains important for the discussion that follows and it is in the light of the conflict theory of psychopathology that all strictures about psychotherapy are to be understood

Our hypothesis is that people get better from psychotherapy, or from random experiences, because there is, by whatever means, a reduction of the avoidance gradient(s) Reducing the avoidance gradient permits the individual greater flexibility and greater resourcefulness in meeting life's demands (An animal in a experimental setup benefits in the

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degree is likely to be paralleled by higher aggressiveness, higher emotionality, and lower constructiveness, it is clear that as a rule the second method will be preferred to the high pressure method (110, p 342)

In many mild cases of conflict, in simple disciplinary regimes with young children, and so on, both the conflict and its avoidance features are usually low in intensity and strength This often permits a solution by the method of directly increasing the approach gradient—or, in Lewin's words, by increasing forces toward L_2—rather than by reducing the opposing (avoidance) forces Most of us have some trouble arising in the morning but the smell of breakfast the reminder of a busy and interesting day ahead, or the anticipation of pleasures to come get us up and going Now the features of this situation that restrain us—lingering fatigue, the luxury of the mattress—are those that, in effect, are the avoidance features of the goal for the day, they are usually so minor and transitory that they are immediately overcome Cases of this kind, usually stated in different ways, sometimes come to us in clinical settings It is important to distinguish between these mild cases (142, 143) and more formidable ones and not to run everyone who comes in through a clinic's door through the same mill [1]

With the severely depressed patient, or with the extremely spoiled,' over indulged child who is, up to a point, incapable

[1] One might ask for a mechanism at this point, or for some explanation of how in therapy one knows he is reducing the patient's avoidance gradient This query poses a problem similar to those involved in the use of any abstract concept (or construct) in learning in perception or in motivation research The therapist does not see the avoidance gradient fall as he makes headway with the client And he has no ready charts meters or tapes that react to altered behavioral and attitudinal states The psychotherapist *assumes* the similarity between carefully measured changes in animal behavior in experimental neurosis studies and the changes going on (or potentially capable of going on) in his patient as patient and therapist interact The latter changes can be measured in certain ways (distress relief quotient self others attitudes interaction paradigm) and these measures in the context of conflict theory—together with before after measures of patient status—*stand for* alterations of the avoidance gradient as the latter notion is used in this writing [See also the quotation from the cybernetics volume (187, xvii xviii) on p 227 of this book]

same way) Conversely the reason people do not improve in a mental hygiene sense is because they are, up to a given point in time and space unable to alter the avoidance condition(s) by which they are beset If the avoidance gradient cannot be altered downward, the patient tends to continue in the throes of conflict If however, in milder cases of conflict, the approach gradient can be strengthened, the relative height of the avoidance gradient is reduced As we have noted, reducing the avoidance gradient (relatively or absolutely) is necessary before behavioral alterations—psychotherapy, in this case—can take place

Since there are so many ways of reducing the avoidance gradient, there are bound to be many ways of conducting psychotherapy, and this diversity, as we know, gives rise to disputes But if the problem is properly conceptualized, we can find a kind of equivalence in the various procedures called psychotherapy and we can at the same time strengthen the case for a general dynamic explanation of behavioral change In the writer's evaluation, Lewin has been the most perceptive in understanding and in formulating the rudiments of the principles of behavioral change He talks, for example, about how the balance of equal forces in conflict can be resolved in favor of one (110, p 342)

> equilibria can be changed in two ways by adding forces in the desired direction or by diminishing opposing forces If a change from the level L_1 to L_2 is brought about by increasing the forces toward L_2 the secondary effect should be different from the case where the same change of level is brought about by diminishing the opposing forces

And,

> In both cases the equilibrium might change to the same new level The secondary effects however should be quite different In the first case, the process on a new level would be accompanied by a state of relatively high tension in the second case by a state of relatively low tension Since increase of tension above a certain

tion) and a model of acceptable behavior given the child, or the adult, in terms of interpersonal restraints, expectations, limits

To assume that the typically over indulged and often anxious child is in need of an analysis in the manner suggested by Klein (89, 90), or even by Anna Freud (51, 52), is to fail to differentiate important features of the conflict situation as well as to overlook the human side of the matter The over indulged and spoiled child is not thus a behavior problem because he is letting go of repressed materials, derived from some instinctual frustration he is over running his limits because he has not experienced adequate guidance (understand ing, consistent, matter of fact appropriate relationships with adults) He does not need, even if he could do so to see his difficulties as stemming from conflict between Id and Superego forces, nor does he have need for the avoidance gradient re duction described above as necessary for the depressed patient He needs, instead, to have the approach conditions better de fined, strengthened, so that his avoidance of restraint or his avoidance of reasonable decor for his age does not get out of hand The setting of limits the firming up of interpersonal exchanges, especially relating to their consistency (so as to minimize the extension of conflict to other situations as from home to school, and so on) will reduce the conflict (See Chap ter I)

It is, therefore, possible for psychotherapy—or, better yet, call it the induction of behavioral change—to take two seem ingly opposite forms and yet achieve comparable results It is also possible for two different therapists to proceed dif ferently in their conduct of therapy and come out with com parable results, even with the same kind of patient, provided the conflict situation(s) embracing the patient are not too severe In mild cases of conflict, the normal limit setting of the classroom, of the interplay between children, may be con structive enough to help the child through his problems to a better, seemingly "spontaneous' adjustment The number of

of self discipline and who finds self discipline lacking in his parents or with any very severely disturbed person, the restraining effects of the bed, the failure to see hope and enjoyment in the day's work, are all too strong Any direct effort to raise the approach gradient for such a person (the first method given in Lewin's statement, above) is not likely to alter the person's behavior Self cajolery or the cajolery of others does not work here This type of clinical situation, in contrast to the milder case, requires careful theoretical analysis

Why does the cajolery or the pleasant anticipation of the day's activities not arouse the depressed patient? Reminders to do things or admonitions to enjoy the day's activities may in fact whet his tendency toward self accusation and make him feel all the worse (all the more helpless) The heaping on of approach perceptions (advice, promises, prospects) only serves to intensify his conflict, his tension, such perceptions place him higher on the avoidance gradient and actually decrease the probability that he can or will get out of bed He is made to feel more inadequate, hence more helpless, this feeling, in turn, completes a vicious circle The answer that such a procedure brings forth is always 'I'm helpless," or Can't you see that I can't do it?

On the other hand, the mildly 'spoiled," over indulged under regulated child, or the normally unadjusted' adult is in a different position with respect to his conflictful involvements Conflict situations of this kind are less intense by far, and it is easier to interfere with them than with the conflicts of depressed or severely constricted patients One can reduce the potency of the avoidance gradient features of these simple conflicts by direct manipulation of the 'limits' and control factors surrounding the relationships with other people or with objects (142 143), by setting the kinds of limits that give child and adult alike what Freudians might call 'ego strength Putting it in the present conceptual system, the avoidance gradient is not the primary concern, rather, the approach gradient has to be brought under appropriate control (socializa

it involves a particular organism at a particular time We have, then, in the conflict paradigm, the whole range of psychopathology potentially open to us, as we modify the conflict to bring out features of the organism s perception of the situation and the symptoms growing therefrom We do not need to resort to any notions of an unconscious of depth, of repression, of defense We look 'outwardly, so to speak, instead of vertically 'downward' or backward for an understanding of behavior that is either present or potential

A person in conflict over a job situation, hesitating as to whether to stay on the job and make further trys at it or to resign and seek employment elsewhere, might be considered as an example of human conflict common to all of our experiences The person sees objectionable and likable features to his job his feeling at a given moment depends on where he is placed on the approach avoidance gradient, in the abstract psychological sense, with respect to the job and its double headed features In his office he may be put face to face with the more objectionable and stressful features of the position, at home, away from the immediate turmoil of the job he is able to see more constructive features while the objectionable ones are pressing less hard on him Under these two circumstances he feels differently, changes his feelings from one time to another and would be called inconsistent from an outsider s viewpoint But he vacillates and he is indecisive simply because he is differently placed at given moments with respect to the pro and con features of his position we do not need to drag in a whole host of untestable notions to account for his vacillation

The man may or may not dislike the job because of its similarity to earlier experiences If earlier experiences are involved in this way, they are but grist for the therapy mill just as the present unsavory features are Present features are not treated as re issue of earlier ones We can take the client at his word as to his present feelings about the job we do not need to consider his attitude an artifact of some earlier set of

people who are cured or helped spontaneously—we do not hold constant in this evaluation the degrees of involvement, which we would hypothesize to be important—is doubtlessly far higher than, and may be as great in proportion as, the number of those who are helped by design.

Let us set aside for the time the milder cases of conflictful involvement and deal, in our theoretical discussion, only with those more severe cases that seem to require expert handling and more sustained help.

From psychoanalytic thinking we have been led to believe that only through a prolonged analysis can people be truly helped. We have been taught to think in terms of the "well analyzed," the "incompletely analyzed," even though no clear distinction has been delineated and even though it may have taken years to produce either verdict. Inherent in psychoanalysis are the depth notions already dealt with in earlier chapters, such notions as repression, the unconscious, and a variety of defenses that make up the effort to keep the unconscious from becoming conscious. We have already circumvented the need for these depth concepts in the other formulations proffered in this monograph. We have now to make clear the application of the alternative ideas toward psychotherapy. If the efforts to make the unconscious conscious are not considered valid, what, then, does psychotherapy concern itself with and what does it seek to accomplish? What shift in theory is parallel to the shift in practice?

It has been suggested that instead of the notions of depth and related concepts, the theory of conflict and the notion of interference be substituted. Just how does this substitution take place?

If an organism has a tendency both to approach and to avoid a given goal region, this is all the data we need in order to understand its behavior, at least in broad outline. The adjacent and auxiliary properties of behavior that develop out of the conflict situation are referrable back to the conflict situation as

and if we permit ourselves some reasonable hypotheses connected therewith

The negative features of the job are felt most keenly when the client is in a position high on the avoidance gradient It is the dynamic, fluid, and changing features of his position vis a vis the job that account for his changing attitudes and feelings, such as when his on the job feelings are compared with those he has when he is thinking of the job while at home

If the vacillation, the pro and con features of the job, as the client sees them, can be adequately communicated this serves to reduce the noxious and avoidance features and to permit the person to see the job with fuller perspective to gain in his resourcefulness in dealing with the job limitations Or, if the disadvantages of the job are too great it permits him to have or develop the courage, determination, or direction to leave the job and seek another that may be more congenial Whatever the outcome, it is herein contended that the therapy is clearest in theory and the most productive in practice when the avoidance gradient(s) herewith considered can be reduced The *height* of the avoidance features of the conflict, in terms of various possible measurements such as experimentalists have elsewhere devised (21, 22, 23, 108, 109, 110 126, 127, 140), keeps the client in question from arriving at *alternative* solutions to his problem His tension under conflict is so great that his flexibility is limited and the probability of his finding a solution other than those he has already thought of (which are inadequate by his own definition) is small indeed Thus the lowering of the avoidance gradient in such a case of relatively severe conflict and psychopathological involvement permits greater flexibility in perspective, in decision making, in action taking, and is thus therapeutic *Aiding* the reduction of the avoidance gradient is a therapeutic act

It is obvious from the literature of psychotherapy that approaches other than the "deep" uncovering techniques of psychoanalysis can aid in the reduction of the potency of the

experiences Where the present attitudes "came from" is largely irrelevant and probably could not be traced back in any clear cut way even if we had only that one goal to pursue

To engage in the pursuit of alleged earlier day determiners of the present situation is to ask for trouble and confusion in several ways First, such pursuit is at the cost of playing down, of failing to utilize, present dynamics which are composed of manageable and highly relevant experiences Second, such pursuit is based on assumptions about the past and about the transferability of unit experiences from the past up to the present in some preserved, unblemished, unadulterated state in which the original experience (if, indeed, there ever was such an original experience) has the same meaning it once had Third, it assumes that the imbeddedness of the current experience is irrelevant to the basis of person's living because it is but a reissue of an old, old story Fourth, we thereby eschew all relevant theory and experimental findings from extensive areas of knowledge that could be brought to illuminate the present difficulties of the patient without more than casual reference to the past

To return to our hypothetical patient who has job difficulties what is unacceptable to the person in his present job is well enough documented by his worries, his tension, his words and gestures Just a few features—worries, tension, concern—are sufficient to tell us that he is faced with a conflict situation, or perhaps with several of them If his situation were all negative, he would simply leave the job and that would end it If his situation were all positive and he had no ill feelings toward the job, there would be no concern in this area of his life, no conflict, no symptoms, no problem As conflict theory requires, and as we have abundantly indicated, this man's situation, or some experience or relationship in his situation, must be double headed in that it embraces or harbors both positive and negative features This is the cue to the whole difficulty, it is the cue to all of anyone's difficulties if we but look closely enough

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The task of psychotherapy according to the depth type of theory is to uncover the specific unconscious determinants of the person s difficulties Even Rogers has not differentiated his procedure from traditional depth notions at this point, al though, of course, he does not build anything like the super

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We must, however, admit a major disappointment Profitable as our research has been, it has not contributed importantly to our practice of psychotherapy We had realized that knowledge of re search could not, of itself, make therapists but we had hoped it would influence the way we carry on therapy So far it has not worked out that way Our research has often confirmed but almost never initiated elements of our practice The major contribution of research has been to increase our knowledge of the dynamics of personality and of the extent to which personality and behavior may be altered (158 p 70)

Apparently the reason Rogers has reached this therapy research impasse is because his theory is too limited too inarticulate, and because it tacitly assumes much traditional thought while at the same time his practical results—which one must consider highly provocative and highly useful regardless of his theoretical position— belie his theory He has not gotten theory and practice together, hence the disparity between them and hence the unfruitfulness (ex cept in limited ways) of his theory to date

structure that the depth therapists adhere to In the depth posi tion the going back is for a specific purpose, it is to get at nuggets of experience such as those determined by oedipal (and other) mind structure features The sheer sharing of one s per sonal concerns with others and the communication of ideas as a means of clarifying and structuring them, are not seen as being in themselves therapeutic, they are merely a road back to earlier and earlier points in the vast region of the unconscious

avoidance gradient, or can, as we say, be therapeutic It is partly the delay in recognition of this fact by the avowed Freudian or depth therapists (or theorists) that keeps hidden the pathway to broader understanding of and fuller participation in the concerns of those who need psychological help

It might be held by depth therapists that the whole job situation represented many unsolved oedipal, authority, and/or other childhood problems A diagnostic study by means of projective and other personality tests might reveal a whole host of symptoms and weaknesses Usually such diagnostic explora tions represent an unprovocative routine, an unnecessary pre occupation with pathological signs (162), and usually they over look the person s growth potential and his strengths Ordinarily the diagnostic study is a complicated and often empirically un testable set of redundancies, not a clear cut account of dynamics testable in therapy or in research When the clinician emerges from the depths of his depth interpretation, he usually is willing to assess a low level of probability to the patient's re coverability, unless, of course, the patient is 'serious' enough about his condition to undergo years of intensive analysis The depth therapist s answers are usually the same, the predictions are usually untestable (or remain untested), people are seldom viewed steadily and whole, and the outlook is often morbid or pessimistic, or both Vague theory and still more vague pros pects emerge from such depth diagnostic interpretations The depth prescription fails to understand the characteristics of approach avoidance conflict (although the term 'conflict is sometimes employed in a limited way) and it fails to see the patient's plight as contingent upon a number of further defin able characteristics

This view of a person makes for heavy and labored thera peutic efforts It sees all ameliorative measures as attempts at superficial by products not worthy of the attention of serious therapists It says, in effect, that a person can be truly helped by only one procedure This claim flies directly into the face of preponderant evidence to the contrary, but since most depth

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All that is or can be constructive in the present on going relationships between therapist and patient is essentially by passed in favor of depth revelations Anybody who is content to carry on the therapeutic interaction entirely at the first way station, as it were, is either superficial or evasive, or both, according to the depth view

In a discussion of Rogers' films on 'Client Centered Therapy (156), a number of depth oriented therapists and clinicians clearly asserted the depth viewpoint in question All that Rogers dealt with in these films was judged by the depth people to be superficial because his approach failed to illuminate 'why?' the client felt as she did There is no time to bother with these superficial matters, these reviewers implied, because one should get on with the extraction business, and so forth The fact that one can share experiences with another and can gain clarity and self structure thereby is entirely overlooked by the depth therapists—or else the interaction is considered too superficial to be worthy of the title therapy

The hold that the depth position has on the therapist makes it difficult for him to understand that a person can get important help from brief contacts that he can find relief without ever having spelled out, verbally, the fuller extent of his problems (142, 143, 157, 158) or that spontaneous changes for the better can occur without one s ever having consulted a therapist Failure to record interviews and to study them failure to do follow up research failure to read and study seriously the writings of therapists of different persuasions, and failure to appreciate the scientific issues involved in controversies over therapeutic methods all contribute to the depth therapists attitudes The number of children who gain help from play therapy or from an understanding teacher or friend, and the number of parents who gain help from neighbors from books they read and from casual acquaintances with similar problems are legion Many children, for example, scarcely ever discuss their feelings in therapy, yet may show noticeable attitude and behavior changes just as more verbally inclined persons do

Often one hears therapists say they cannot understand why so and so stopped therapy inasmuch as ' he never did discuss his problems " or " he never did get down to brass tacks in therapy ' The therapists in such cases have an implicit depth model in mind as they discuss therapy and therefore assume that unless the bottom of the emotional barrel is scraped clients do not and cannot profit from therapy

Since the depth position is so formidable and so demanding of the client's subservience to the therapist s superior knowledge, it is easy to see why such therapists employ the concept of "resistance" so freely Everything the patient does or says that is not judged by the therapist to be revealing or significant qualifies thereby as an act of resistance and any reluctance, studied or not, on the part of the patient to discuss any particular topic in which the therapist may be interested is, again, an act of resistance The fact that the patient may have alternative notions to those entertained by the therapist, equally tenable in many instances, seems not to cross the mental horizon of many depth therapists It is all considered as resistance in one form or another and the full blame for poor communication is thus dumped in the lap of the client the client is then judged not ready for treatment or is condemned by other pat phrases Patients must jump through a great many hoops before the therapist is ready to qualify them for treatment It is no wonder that treatment by the depth view takes years and years and brings forth results not demonstrably better, either in degree of recovery or in percentage of recoveries among groups of patients, than non depth, short term therapies that are sometimes scornfully referred to as superficial '

One empirical attack on this problem would be to compare all kinds of therapies in terms of the benefit people felt they had gotten from their therapeutic experiences The results of this rough kind of rating by clients themselves could be used to equate groups of homogeneous clients This would form the independent variable Other variables such as the kinds of therapeutic procedures used by the therapists, the

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number of sessions, what the solution to difficulties in living might be.

7 Depth therapies tend to see as yet unexplored areas of the person's life as different from those areas that have been given scrutiny They fail to conceptualize the person s difficulties in economical terms, but, instead, start afresh with each problem, often overlooking means of profiting by what has already been learned This prolongs the treatment and necessitates more "going back '

8 Early constructive signs of the patient s feeling better and experiencing relief are judged merely as signs of resistance against the agonies to come Many signs, pathological or not, are given a pathological twist and meaning, all of which necessitates more treatment, longer treatment The patient is beaten into the mold of the therapist and is not permitted to gain in resourcefulness faster than the therapist is prepared to accept it in the client

These and many more possibly fruitful hypotheses could be investigated by means of recorded interviews supplied by therapists of different persuasions (144) Studies of different therapies based on recorded interviews are sorely needed The crop of studies to date, based as they are on check lists and ratings, represent little more than stereotyped verbal output and seem to have little to say about the real conduct of the therapy hours as practiced by differently oriented therapists (189)

The following excerpts from recorded interviews illustrates how a non depth therapy might proceed The emphasis in the therapy is on aiding the client in the development of alternative attitudes and hypotheses that make possible more flexible, more resourceful behavior When, because of altered assumptions, new behavior is possible, behavior then changes and so do self regard and regard for others attitudes New ideas and new behaviors *interfere* with the old ones and lead to more produc

time span over which the therapy ran, the number of sessions, the frequency of the sessions, would be the dependent variables the analyses of which would throw light on what was germane in the therapy On the basis of the concepts presented in the present work, the following outcomes of such a study are predicted (143)

1 Depth therapies (except possibly for institutionalized psychotic patients) are incapable of producing results that are reliably better than non depth, short term therapies even when items such as length of therapy, number of contacts, and time span over which therapy took place, are not considered

2 When items such as length of therapy are considered short term non depth therapies will produce results reliably better in terms of time money expenditures, than depth therapies

3 Depth therapies overlook their own most constructive features and attribute success to idiosyncratic and unessential therapeutic procedures to obscure and often untestable theoretical points and they by pass certain constructive features that they share with the non depth therapies

4 Depth therapies become encumbered, unproductive, and indecisive at the point in the therapy where the therapist fails to communicate with the patient on the patient s own terms and where the therapist moreover imposes his own expectations of what the therapy should do (e g , seek why? answers to issues go back further into the patient s developmental history, and the like)

5 Depth therapies take a far greater amount of time to get started with the patient due to the rigid requirements of the therapist that the patient give a period of time to his past whether it is immediately relevant or not All this has the effect of postponing treatment hence makes the total treatment period disproportionately and exhaustively long

6 Depth therapies allow the patient too little responsibility in deciding when to stop treatment, when to alter the

number of sessions, what the solution to difficulties in living might be

7 Depth therapies tend to see as yet unexplored areas of the person's life as different from those areas that have been given scrutiny. They fail to conceptualize the person s difficulties in economical terms, but, instead, start afresh with each problem, often overlooking means of profiting by what has already been learned This prolongs the treatment and necessitates more going back

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tive results, to less tension, to greater resourcefulness (132, 203) There is no emphasis on the past, no recourse to unconscious motivation, and no need at all for such concepts Neither old nor new ideas are repressed", they are tentatively adhered to or approached in accordance with their probable value (depending on the amount of information necessary to confirm or disconfirm them, their relationship to other easy- or hard-to confirm assumptions, and so on)

Here is an excerpt from the fifth interview with a mother regarding her 5½ year old son, "Frank," illustrating some of the changes that psychotherapy engenders and suggesting that there is no need to resort to unconscious processes or deep underlying causes, and suggesting further that new conceptions and new behavior can interfere sufficiently to reorganize some of the child s important interactions with others

Mother My next door neighbor called me over to tell me how she d noticed Frank was playing much better lately She s aware of the fact that I ve been concerned about him, and she was nice enough to tell me these encouraging things

Therapist This is a sign, is it not, from what you've said in general, that Frank's been improving in the eyes of others, in the eyes of presumably independent and less concerned observers, as well as at home?

Mother Yes, that is true and it is very gratifying

Therapist And she just volunteered this?

Mother Yes (Pause) He s formed more friendships at school and one in particular Where, before, he just had nothing but passing and occasional interest in others

Therapist Do you think you ve contributed directly to his settling down and to his greater amenability to discipline, the wishes of others, and so on?

Mother I think so I don't wait until we get all tangled up before doing something with him or to him

Therapist You're better able to control him, if I under-

stand you well, and he, in turn, is gaining more *self*-control as a related feature. This reduces the tension all the way around.

Mother. Oh it certainly does!

And an excerpt from the sixth interview with the mother of an 8½-year-old girl, "Karen," who had been most difficult to discipline at home and at school.

Therapist. How've things been in the last couple of weeks with Karen?

Mother. Very good, very good. Especially the eating. I'm following some of the suggestions you made in our previous meetings and they're working well.

Therapist. Let's see . . . what did we say about that?

Mother. Well, uh, she never ate with us and never ate the foods we ate, and she always wanted to snack later at 8 or 8:30 p.m. before going to bed.

Therapist. She did just as she pleased about what and when to eat.

Mother. That's right, and as soon as I laid the law down that she had to stay at the table and eat when and what we did in general, she did it and it worked nice—much better. She complains some, of course, but it doesn't get her out of it. She's been late to dinner only once in the past three weeks and that for a good reason.

Therapist. So she's responding to these limits you're drawing, and to your requirements. This makes her more manage able and less tense, too.

Mother. Yes it does. And she's much better about lots of other things like coming home to report in after school, not teasing her brother, playing better with others, and things like that.

And, finally, the 12th interview with a young, well-educated adult male who has had a lifetime of difficulties with others. His problems have centered around his tendency to "tell off" others, his trying to push himself ahead in inappropriate ways,

his defiance and contempt for others, and his corresponding lack of ability to function well whenever given a chance to prove himself

Client Well I have a new job—on a trial basis (laughs)

Therapist I see—in the same general office?

Client Yeah I got it—uh—because I let them know there that I could do other things than type And this guy D—— really came through and got me the spot I m on trial and will stay if it works out I hope! I ll get a salary increase if it works out

Therapist So you have a chance both to do better in your relationship and to improve general employment status as well?

Client And I m worried—the first thing I got was a long table of figures to add up And I hate statistics and have always tried to evade it in school

Therapist Now you re on the spot if I get you right, because you re trying to make good with the new job and opportunity, but they have you backed up to the wall so to speak, because of what they ve asked you to do?

Client They sure have (snickers and laughs tensely)

Therapist You re sorta working on the assumption that they should know you don t like statistics and should avoid giving you this kind of job? Is that right?

Client It seems so All I can think of is how I don t like to do that stat God, I could spend *weel s* on that and still have nothing to show for it but a bunch of sums and other figures

Therapist You assumed that the new job would be more to your liking than the typing had been, in that you'd be in on the policy determining jobs in on writing up the research and so forth?

Client Yes I sure did and I m sore about it I know as much about those matters as the rest of the people

Therapist You think it possible to get to a higher level later after you've been on trial long enough for all concerned to feel O K about you?

Client I guess it is

Therapist But you want it *right now* You re protesting about the status you have and don t have It is as if you had made the only decisions yourself and you felt that was all that needed to be considered Is that possible?

Client And I guess I get to jumping when I cannot get my way (snickers some)

The therapeutic exchanges here may not strike the reader forcefully if he is looking for differences at every point between the present therapy and conventional, depth therapy The main difference, however, is that the therapeutic exchange is at the same level as the theory, the therapist has no reservations about these phenomena being artifacts of historically determined 'deep going trends in the person What is paramount, what is obvious, what is true both of the therapeutic exchange and the theory, is that all of these patients are asserting propositions about themselves (and others) that they cannot get confirmed at required levels, and the conflict thereby gives rise to the symptoms and the distress they report The symptoms are referable immediately to the assertion disconfirmation conflict, the symptoms are *not* referable back to childhood origins (in the adult) or to childhood origins in the parents (in the cases involving children) In short, the language of the theory and the language of the therapy are in the same universe of discourse, in the same conceptual terms, and these language terms are constantly kept uppermost as a blueprint of the person s difficulties

Parents often operate under the assumption that the setting of firm limits for the child will be harmful The parent is put in a position of approach avoidance conflict insofar as his or her position toward the child is concerned The parent wants the child to desist from what he is doing and to continue to desist in the future, and wants to approach the child to implement this intention On the other hand, the parent feels that any action toward the child, other than words of admonition or

his defiance and contempt for others, and his corresponding lack of ability to function well whenever given a chance to prove himself

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parent, is something neither parent nor child profits from or is comfortable with but neither is discerning enough and flexible enough at the time to do something about it

Very schematically, the act time sequence in such a paradigm is the following Child commits act—mother warns—child continues—mother warns—child continues—mother raises voice in greater protest—child continues—mother loses temper and deals too severely with child—child protests and accuses or sulks or otherwise shows displeasure with mother s action—mother feels guilty and inadequate to the situation and may over do making up to the child or else may brood silently—child isn t deterred, he provokes again

Now this is commonly called a vicious circle it leads to exhaustion, to perplexity, to disgust and possibly even in moments of greatest exasperation to some rejection of the child by mothers and fathers who are otherwise mature and normal with their children It is a paradigm the characteristics of which are rounded off, are complete within themselves, are inimical to adequate problem solving, and leave the participants in mis understanding It begins in conflict, exists in conflict, and ends in conflict The conflict is seen in the prevailing approach and avoidance characteristics of the parent s attitudes toward the child in the situation

In contrast, parent child involvements in other areas of living may be conflict free The parent may make alternative assumptions regarding (say) bedtime behavior in contrast to (say) discipline in play with younger siblings and may, as happens in therapy sometimes wonder how she can be effective in one instance and not in another

Therapy consists in the parent s communicating these paradigmatic occurrences to the therapist and in the therapist s communicating to the parent in terms of the possibility that the assumptions the parent is making are conflictful, need reorganizing, make up only a few of the many possible assumptions and so on In the kind of instance we have been talking about (above), one assumption—viz , that the child will be harmed

threat, will be harmful, which contraindicates any effort to force the child to desist This places the parent in conflict A good proportion of parent therapy hours are devoted to the development of alternative notions about discipline (e g , separating discipline from punishment) which can free the parent to act differently toward the child The parent's tendency to avoid discipline is reduced and her ability to move toward the child in firmer ways is thereby increased, all arising from a consideration of the hypotheses and assumptions she has made regarding the child and from the consideration of alternative ones

When the child performs a characteristic act—such, for example, as repeatedly opening and shutting the refrigerator door, rolling the car windows up and down when the car is in motion, screaming and yelling and throwing a temper tantrum when required to perform some obligation—the parent is put in the dilemma of wanting to stop the child's behavior but fearing that harm will eventuate if the child is firmly handled Once the child begins to do any of a number of actual and potential acts, it instigates the full complement of this vicious circle paradigm from beginning to end The outcome of such a series of interactions (paradigms) is that the parent loses her temper and constraint and may let herself get so out of hand emotionally that she punishes the child more severely than is necessary and later hates herself (feels guilt) for it and for allowing herself to be put in this position by the child

The child, too, is not entirely comfortable with this arrangement He does not know what the actual limits of his acts are, whether his mother can and will be consistent in drawing a definitive line within which limits he is safe but outside of which limits he is going to have to cope with the consequences of his acts His pattern here and his "scanning" (200) for same involves a searching for a definite and secure relationship, his mother's scanning is for a similar solution to the problem as she sees it The pattern that follows, since they are not in communication with each other in the manner desired by the

sourcefulness, easy exhaustion, easy exasperation, feelings of inadequacy and bewilderment and all manner of secondary negative appraisals of herself and the child In more extreme cases, the involvement can lead progressively to more pervasive depressive feelings, to more rejection of the child, to greater vacillation between over indulgence and over hostility, and so on through a whole range of items of personality involvement —like those one finds on personality questionnaires

The impression should not be gained that discipline is the only parent child problem, it is, however, a common one, one that is often misunderstood and often interpreted to mean deep pathology, sending people off into long intensive analysis when this is not called for at all Another common problem, one that prevails especially among adults from middle class well educated groups, is that the person s own ideas about him self are too grandiose and vain, contain too high an expectation of response from others to the client s wants It is a common as sumption among middle class adults that things should come easy for them, that they should be able to accomplish greatly without subjecting themselves to self discipline Much of the content of the paradigm of self involvement here is centered around the lack of self discipline, around over indulgence of self

How does one cut these Gordian knots? In a phrase lower the avoidance gradient The mother, and the adult with self concern, have to learn that other assumptions and hypotheses can and do apply better to the situations that confront them As the client gets a fuller view—more likely at a verbal level among middle class, well educated, reasonably intelligent adults —of the situation, the alternative assumptions are born, the client becomes more resourceful and the problem is solved in the carrying out of alternative ways of behaving toward the same problem that earlier had stumped them One sees the assumptions that make for conflict just as one sees the assump tions involved in intellectual problems, puzzles, or in any prob lem solving situation The original constriction, arising out of

by disciplinary limit setting—is unrealistic and has to be revised Many parent child therapy cases are those of mild conflictful involvement (as the above discussion suggests) and can be resolved in brief periods of time in the manner suggested above (142, 143)

Adult concerns are treated similarly Adults hold assumptions that they cannot get confirmed in the manner they require, hence anxiety resentment and a host of symptoms are aroused The overly frank adult male quoted in the therapy conversation above has self notions that are at least temporarily inappropriate in his setting and probably have always been somewhat inappropriate inasmuch as he has long had troubles of this sort He cannot get the confirmation, the social feedback that would support his evaluations of himself, and this failure gives rise to his anger, his resentment, his great sensitivity to the evaluations of others and his discouragement One's reactions to his failure to get his self notions confirmed make up much of the content of therapeutic discussion

In these simple, mundane instances lies the very core of psychopathology and the very core too, of psychotherapy The avoidance gradient in the mother's situation is seen in her attitude that it is harmful to stop the child if this gradient can be lowered the parent will be better able to regulate the child's behavior in the above mentioned kinds of instances, which are quite common in parent child interactions The parent becomes more resourceful, her expectation, following from her increased resourcefulness, is that her communication to the child will be heard and understood and followed, and she will not become as involved emotionally Becoming involved emotionally carries with it the consequence that her behavior becomes more narrow, she becomes more tense in these conflicts with the child because as she tries more strongly to influence the child through words alone she is moved up higher on the avoidance gradient, and, being higher on the avoidance gradient she is also higher on the approach gradient and this increases the tension Tension makes for constriction, lack of re

bring about the organism's demise Just because behavior that *might* apply to a situation is not present, we are not thereby justified in asserting that it is being locked up, held back, repressed, in the unconscious

Independent of the present discussion and with emphasis on another, more limited type of research, Postman and Bruner, in their studies of perceptual defense (24, 25, 145, 146, 147) have offered a similar explanation of what has passed for unconscious defense " Behavior is not present in a given instance, not because it is being chained down or held back, but because alternative behaviors are perceived as more appropriate, this in turn, means that *the kinds of assumptions held* determine the choice of behavior

Postman states ' the phenomena of perceptual defense can now be economically conceptualized in terms of interference among competing hypotheses (146, p 300) And, by way of further explanation

> what appears to be perceptual defense results from the dominance of strong alternative hypotheses rather than from active repression of the inimical or dangerous In the presence of partial information, strong hypotheses incompatible with the threatening stimuli may be evoked If this is the case the subject will appear to be defending himself against perception If, however, hypotheses related to the negative stimuli are strong, the opposite of defense will appear to operate (146, p 256)

Likewise, in the case of the mothers and the adult referred to above, or in psychotherapy with anyone, the behavior that seems to indicate defensive and unconscious subterranean influences arises, not from these sources, but from the alternating hypotheses the person entertains from moment to moment or from time to time in the face of opposing, conflictful, limited opportunities Gaining more information, as Postman also

NOTE

The obvious connection between perceptual defense in the social perception sense of the term and the clinical notion of per

a one assumption (or few assumptions) orientation is lost and greater resourcefulness results This increases the probability that the problems can be solved adequately and, correspond ingly reduces the probability that the client will be enmeshed in the same old conflicts Cure is essentially the changing of the probability of problem solution to the positive—and away from the negative (non solution)—direction by engendering greater resourcefulness on the problem solver s part [2]

Now, nothing is gained either in a theoretical sense or in a practical sense by insisting that the mother (in the above types of instances) has an unconscious need to injure the child by punishing him repeatedly, or that she has unconscious resist ance to seeing other ways of dealing with her child This kind of theorizing sends us off into numerous unproductive, untest able by roads The term *unconscious* is of no more value here than it is in explaining the latency of the knee jerk reflex when the appropriate stimulus is not applied to the appropriate place Where is a shadow when the light is turned off? Where is the rainbow at night? One could ask a thousand nonsensical ques tions of this sort about the physical world and would recognize them at once as being nonsensical in that the *wrong question is asked* Wrong questions, or unproductive or unanswerable ones, are bound to produce poor answers *All* of the full gamut of actual or potential behavior is not ever present in the organ ism s activity, there would be no room for selection or repeti tion or adjustment if it were The organism would have time and ability to do nothing but run up and down its behavioral scales, this would be inimical to survival and would probably

[2] One might infer from some of the statements in this chapter that the present therapeutic viewpoint is an authoritarian one or one that requires the therapist to know all the answers to other people s problems No the therapist is by no means set up as a seer On the other hand he is highly active and often takes the lead in *stating the nature of the patient s problem* The patient may agree disagree or reserve judgment (The protocols in Chapter Ten give a more extended picture of the therapist patient interaction) Since the therapist sees personality problems as occurring in a problem solving context his delineating of approach avoidance conditions (in terms of the patient s perception and feel ing) not only is legitimate but contributes to early and more complete coping with the difficulties

evil in disguise. Often clients who may have made good progress in therapy are dismissed as showing only reaction-formation, or as further repressing their concerns, when, in the course of therapeutic events guided by a depth viewpoint, these clients are unable and unwilling to buy the whole course.

It was perceptive of Freud to see the vacillating and changing nature of these love-hate conflict reactions. But his error was in not going far enough in his analysis. As experimentation shows (140), reaction-formation is not the wolf-in-sheep's-clothing it appears to be but is entirely understandable in terms of alternative values (strengths) of the approach-avoidance gradients in the conflict situation. Or, to phrase it more as Postman has, it results from the competing nature of the mutually incompatible hypotheses that the person (or animal) is following in a particular situation. Thus the over-protective nature of the mother's solicitations of her youngster do not mean that she is disguising hate—and does not require, therefore, in psychotherapy that we have to analyze it, as such, trace it back, see "why?" it occurs. The interpretation is that she is in conflict and alter-

NOTE

At first glance it may seem credible that one would want to answer questions concerning "why?" certain behavior currently observable exists. However, "why?" questions have been generally misleading and unproductive in all sciences. It is better to substitute "how?" or a more complex question such as "What are the conditions under which such-and-such takes place?" If the latter question can be answered, in part, and at least in principle, we are better able to come to grips with the problem on a theoretical level (i.e., to see its implication and connections) and are also more strategically placed to ascertain its practical consequences. The "how?" question clarifies the conditional nature of the phenomenon under investigation and places it more in the context of an existential hypothesis (or allows it to be re-stated in such terms) instead of setting the phenomenon up as an entity beyond which one cannot go.

nates between expressing her apprehension about the child in one way in one situation (following certain hypotheses that, for

sonality defense will have caught the reader's eye. Erikson tries to deal explicitly with this joint problem in his more general effort to defend the notion of perceptual defense He ends by raising a general possibility for a *rapprochement* but does not carry it far enough to be instructive

Can the behavior clinically described as defensive, as well as the behavior labeled perceptual defense, be reduced to an explanation in accordance with more familiar and generally accepted psychological processes? . One possible explanation is in terms of the reported effects of anxiety upon problem solving and other cognitive functions Tolman has discussed the possibility that anxiety acts to narrow the individual's cognitive map, and experimental data have indicated that anxiety retards learning . . . and increases rigidity in problem solving (41, p 180).

Studies such as those by Beier (11), Cowen (31), Montague (128), Postman and Bruner (147), Ross, et al (161), and Tolman (197) constitute evidence in line with Erikson's second point, and also in line with the prevailing interpretation offered here for the general problem of defense

points out, makes possible a better and clearer choice between competing hypotheses; in psychotherapy this is accelerated through the accepting and non-threatening manner in which the therapist conducts his interviews, thus allowing further information (via alternative hypotheses) to have more nearly optimal play in the client's conflictful world. Communication between therapist and client actively aids in the reduction of the avoidance gradient which, in turn, permits the advent of new information, alternative hypotheses, thus making for increased resourcefulness and for more effective problem-solving.

The defense technique known as "reaction-formation" (71, 140) has, according to the depth position, a paramount position in personality organization. It is the present contention that this so-called defense reaction has been misinterpreted in classical psychoanalytic thought and that it is not at all what it appears to be from a depth-determined clinical viewpoint. Characteristic of the concept of reaction-formation is the hypothesis that love really means hate, that overtures between people in the direction of ordinary civility are to be reinterpreted to be

the conflictful variables, in the number of conflict paradigms involved, touching on more areas of living, so that the person is left relatively exhausted because so many of his interpersonal transactions are discouraging and thus leave him with little recourse, little relief, and little reserve The problem in final analysis becomes unmistakably an empirical one, hence clinicians with diverse opinions and theories can submit it to whatever tests they are able

Time, then—if these observations are valid—is not the important matter in understanding human personality difficulties or in explaining the seeming refractoriness of the human organism to therapy Time is only the carrier of these conflict paradigms, what is important is the extensiveness of such paradigms into multiple areas of living and the rigidity (lack of immediate alternative hypothesis ability on the patient's part) with which they are held A ten year old child who has had disciplinary problems with his parents is not thereby sicker, because of his age, than a six year old with the same problem features Saying that people have had problems for many years—unless this includes the implication that the problems have spread widely (or, alternatively, have constricted the patient's resourcefulness)—is no reason for considering the people less treatable than another person whose problems are less long standing As often as not, therapists are literally scared off from an attempt to offer help to needy people because the therapists are so susceptible to what they consider appalling signs of pathology they overlook the positive and resourceful features of the client's personality and dwell morbidly on the pathology This has been observed by the writer in a number of cases of autistic children

In a case where a mother is more severely disturbed—which usually becomes apparent to an experienced therapist in an interview or two—her amenability to change is relatively less in regard to the hypotheses she holds about the child and herself Rigidity, as viewed here is the real test of amenability to treatment and is the key to the amount of illness a person

example, assume that the child is helpless, needs her constant concern) and in another way in a different situation (where the child s helplessness can get in the mother s way and make the child too dependent at times that from the mother s standpoint are inopportune)

And thus it goes for all the so called defensive maneuvers at which the human organism is said to be so adept They rep resent in fact the alternating values of approach and avoidance gradients—which as has been shown, are highly fluid

To return to the case of the mother and child embroiled in disciplinary and limit setting conflicts Therapy is a way of helping the mother develop new, or alternative, hypotheses about her interactions with the child Her perceptions of the interaction between herself and the child illustrate ' a predisposition of the perceiver to organize stimulus cues in specific ways (146 p 300) In most cases where the mother is not involved in a way that we would call serious, a few brief interviews will bring to light the relevant considerations and introduce her to a smoother working relationship with the child Her grow th potential is released and here is the mean ing of this term which is so often nebulously used it is the increased flexibility and resourcefulness made available when the restrictions associated with the avoidance gradient steep ness are overcome It need have no surplus meaning in these situations

The reader who is depth oriented will have protested by this time that the mother child examples are exceedingly super ficial ones ones that do not touch the depths of despair and im mobilization found in troubled adults, in people more chroni cally disturbed in psychotics From the present viewpoint it seems warranted to say that *all* cases of human psychological disturbances can be conceptualized most economically in ap proach avoidance conflict terms, that the seemingly greater formidability of many instances of psychopathology is thereby lessened, and that brighter treatment prospects are in the offing as a result More serious cases differ mainly in the strength of

look around her, so to speak, and see herself playing a kind of role (seeing herself as others see her in words borrowed from Sullivan), she becomes relatively more capable of understanding that alternative roles, based on alternative assumptions are possible, and her horizon is thereby broadened Working toward this understanding is the chief goal of psychotherapy as herein envisaged Only if other paradigms suggest themselves is it wise or necessary to continue therapy By assuming that people can in most cases readily understand these workings and handle them adequately, the non depth therapist can work smoothly and successfully with the vast majority of patients Depth analysis and lengthy treatment in such cases are *handicaps,* they tend to incapacitate the client and to make him more dependent upon the therapist Depth therapy is by no means a guarantee that a more thorough job is being done

The hypothesis is proffered that findings from studies of psychotherapy—for example, the changes in self others concepts found in the Rogerian group (139 157, 158) to accompany non directive or client centered therapy—follow from the solution of such paradigms as have been discussed above In the absence of the ability to solve these paradigms—a situation in which patients usually find themselves early in the course of therapy—many negative self references and others references attest to the predominant hypothesis the person entertains to wit that his problem solving efforts are so poor that he (and indirectly others) must be inferior, unworthy, inadequate The client's being attuned to these observations or being sensitive to them and his discoveries of their apparent correctness (coming from the feedback from others) leads him to structure human relations generally in this non constructive fashion hence the many negative others references Because he has trouble with others, the person in personality difficulty has a blurred, constricted, conflictful vision of his own and other people's roles, self hypotheses, in the absence of corrective information, become applied to others as well

shows (in specific situations, not in all features of one's living). There are no adequate ways at this time of assessing amenability to therapeutic change, but diagnostic study of this kind of problem probably would pay off in realistic knowledge returns. This kind of diagnostic study would be in the same language and conceptual system as therapy, and would not require the usual translation from one language to another that typifies many diagnosis-to-therapy predictions now attempted.

Once the paradigm (or paradigms) that seem most typical in a given mother-child relationship are made fairly clear, the basis for communication in psychotherapy with the mother is well on its way; and the mother and child are on their way, too, toward better mutual understanding. Once the mother can

NOTE

Rigidity may be thought of in terms of the probability that the action sequence or thought sequence will "resist change" in a conflict situation. It implies the need for alternative behavioral sequences but also the organism's inability, under specified conditions, to free itself to develop alternatives. The organism, in effect, is trapped.

A related consideration here has to do with treatability, or amenability to therapy. It is hypothesized that treatability depends first upon overcoming the rigidity of the patient and, secondly, upon overcoming the rigidity of the therapist against technique alteration in his therapy.

The patient's amenability to therapy, in a research attack upon the problem, might be found by studying his perception of therapy, of the therapist, of his own problem status, rather than by trying to assess his personality by "projective" techniques intended to reveal repressed and unconscious attitudes. Such studies as now exist on predicting the outcome of therapy have been disappointingly poor. They are probably not diadic enough, to use Sears' term (163). It should be clear, too, that extant studies along this line derive almost exclusively from implicit depth viewpoints the validity of which we have advanced reasons to seriously doubt.

Generally speaking, it follows from the present viewpoint that an attack on this problem should follow the lines laid down by social-perception studies and that one should study this way not only the client but the therapist as well.

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NOTE

The foregoing comments should not be taken to mean that the negative self references and others references are primary or fundamental Again, conflict is the central issue It is highly probable that most middle class child rearing practices (34, 35, 38, 70, 137, 181, 201) lead children into personal expectations that are too high, into a glossing over of realistic self estimates, and to an *implied* (although unrealistic) negative self evaluation if goals are not achieved. This situation grows out of a too protective, over solicitous, under disciplined parent-child relationship When these middle-class persons have to come to grips with the non parental world they are at a disadvantage because they expect everyone to be as indulgent and as self sacrificing as their parents have been Their expectations cannot be fulfilled, hence they often begin to doubt themselves and to develop negative and hostile attitudes toward others and toward themselves (they blame others for not responding and blame themselves for failing) This over expectant orientation may help explain the predominance of self doubt, the lack of self-confidence so commonly found among middle class individuals who seek therapy. These strictures would apply less to lower class persons, a group that constitutes only a very small percentage of people seeking or obtaining therapy either at public clinics or in private offices.

On the other hand, the ability to work through these paradigms and to find greater resourcefulness and a certain release from tension allows the client to entertain other hypotheses about himself and about other people. It is doubtful that psychotherapeutic change is ever a smooth, even-sloped curve of progress toward better self and others-attitudes. The point here is that there should be a jump upward in positive self- and others-references as a given paradigm involving previous interpersonal difficulties is overcome; then, perhaps, a level period or one showing some slump in these references while another paradigm —or a further implication of the first one—is being worked out. The change in self- and others-attitudes depends upon solving paradigms. Failure in psychotherapy would also seem to show an inability to work out, with a particular therapist at a particular time, any or very many paradigms. It would be pre-

NOTE

What is implied here is, of course, that therapy, if plotted objectively, possibly using the *interaction paradigm* solution approach (see Chapter Four), would look pretty much like the learning curve found in acquisition of complex skills When certain problems are overcome through the solution of given paradigms there would presumably be an upward shift in favor of (say) more positive self others references or a reducing of expressions of distress Plateaus would be reached and then new features or new applications of a paradigm would be worked on and so on through the course of therapy to the completion It would seem unnecessary to attempt in therapy to unravel *all* paradigms this is uneconomical and unrealistic What is desired is the development of a problem solution pattern that the person can get down fairly pat and then carry on himself

If an analysis of interaction paradigms in therapy were to be made in the manner suggested herein and if for example self others attitudes or distress relief statements were used as dependent variables the hypothesis (that therapy shows a typical growth curve similar to other complex learning curves) could be easily investigated This would be an excellent way of studying different therapies short term vs long term therapy and virtually any extant problem in this entire area without meeting head on a confusion of research design problems and complications associated with different research approaches

dicted, therefore, that success or failure in various cases, holding therapist and/or techniques constant, would be found to revolve at least in part around the solution, or the failure to find solution, of paradigms Failure in some cases might also be related to the fact that the client therapist communications never get settled on a paradigm case, thus leading to premature termination or stalemate

Earlier (see Chapter One) we said that so long as the therapist deals with affirmations, with what the client is saying and doing, with the hypotheses he is living by, instead of focusing on the alleged unconscious and non present determinants of his behavior and attitudes, that the progress of therapy will be accelerated, less complicated, and more likely to produce successful results At this point in the present discussion it is well

to re-affirm that whether the patient's immediate feelings and actions are approachful or avoidance-instigated, they remain *assertions, affirmations,* and are thus dealt with in the therapeutic exchange.

NOTE

The Perls, et al, comments on repression are germane here, partly to show that others have perceived the problem in other than conventional terms, and also to show that a larger structure, within which the phenomena called "repression" can be placed, is possible

Our explanation, especially of repression, is so at variance with Freud's that we must account for the discrepancy, that is, account for his view as well as give evidence for our own. For repression was the process that he studied most intensively, and it would be possible to construct the entire system of Freudian psychoanalysis using "repression" as the primary term. But pleasure and pain are not ideas, they are the feelings of release or tension. What organic transformation is Freud envisaging by which the "contradiction" [i e , *"Among the wish impulses originating in the infantile life, indestructible and incapable of inhibition, there are some the fulfillment of which have come to be in contradiction with the purpose ideas of our secondary thinking"* (*Freud, S* , The Interpretation of Dreams, *trans A A. Brill, New York· Macmillan Co , 1953, p. 555*)] *produces the change of effect? We are claiming, on the contrary, simply that the wish is painful because of the effort to inhibit it—an undischarged tension and a muscular restriction: this transformation is a matter of common experience* (136, pp. 433 434).

One is therefore not wedded to a reflective or non directive position; he can ask questions, he can hypothesize with the patient that he—the patient—is saying thus and so (affirming or asserting, or acting as if he were), and can unobtrusively suggest alternatives, which the patient can take for whatever he can make of them at the time. While the writer feels that the client-centered method of using reflection is doubtlessly a superior way of communicating with some clients, it does not exhaust all possibilities falling in the same class of communications. The interference-theory therapist takes the patient's assertions as the grist for the therapy mill. Reflection, in the Rogerian sense, is one way of treating or responding to the

patient's assertions, and it has the makings of a non depth theory, although Rogers has not developed his reflection theory from this point of view.

Research in the area of psychotherapy requires some re consideration of prevailing notions It seems unlikely that re search design of the kind common among studies of (say) teaching methods on the learning of arithmetic can suffice in the study of psychotherapy It is impossible to find a suitable beginning and/or zero point from which to measure changes in the manner suggested by some conventional before after types of research design This is true for several reasons

First, it is impossible to control the beginning point of psychotherapy as one can (say) control the beginning point in the introduction of the study of long division among elemen tary school children, because people arrive for help at a time that seems propitious to them—not at a time comparable to the starting point in learning a new skill A second reason is that a before after type of research design is hard to come by, it is nearly impossible in our present state of knowledge to have suitable controls for clinical subjects except the subjects them selves, and this limitation throws us back on the first limitation Thirdly, it is quite unclear what state of affairs describes one s beginning point in psychotherapy because experience shows us that some patients seemingly refractory to treatment at the out set soon develop a lot of interest and progress well, while others who appear to be good candidates respond less well, abort treatment, and so on These observations, to be sure, are con tingent upon the therapist s requirements of his patients, upon his philosophy, which also makes clarity in this area hard to come by

The clinician's thinking in research design terms tends to get in his own way Although it might be excellent from the standpoint of methodology if one could institute analysis of variance and co variance designs, people usually do not come to us in a way that permits this procedure, unless it is yet to be

worked out on a grand scale ordinarily out of reach to most clinicians (175) Efforts to crowd data into too rigidly conceived frameworks only does violence to the data and keeps one from seeing alternative possibilities for research, because we are saying, in effect, that conventional design is a hypothetically perfect design

Not only is it difficult to set the beginning point in psychotherapy, it seems equally difficult to set ending points and post therapy follow up points We are quite prone at the beginning of therapy to accept the patient's statements as to how sick he is, how much he needs (*our*) help, what his problems are, and so on for hours and hours of preliminary diagnostic testing and evaluation But when he says he s had enough, he feels better, he can carry on by himself—even though *all* his problems are not solved—we are generally most reluctant to see him go and tend to find lots of reasons to say that he is ' resisting," that he has experienced only superficial help, that he hasn't *really* dealt with his problems If we could permit ourselves to have as much respect for and confidence in the patient at the end of psychotherapy as we seem to have (and as we consider desirable) at the beginning, we could find out a lot more about what clients *do* obtain in psychotherapy short of the full menu (from the depth viewpoint) If we could only let the beginning and end chips, so to speak, fall where they may and learn to develop new research designs to fit these ' natural" circumstances, we might, with the help of some astute theory, arrive at far more satisfactory accounts of the therapeutic process

It almost goes without saying that failure in psychotherapy must be studied Few people have said this and even fewer have carried out any explicit efforts to understand failures (58, 77, 104) This is a symptom of the insecurity, researchwise, that we have about the state of psychotherapy and ample reason why non-clinical research minded social sciences look askance at so much of the glib talk about psychotherapy The state of research also helps to account for some of the probably unreliable reports about how wonderful psychotherapy can be and for

the great variety of diverse accounts of its fundamental (sic) nature Many therapists seem to say that therapy is so highly reliable in their hands that they do not need to question their confidence in it or their results to them, the record is practically perfect ('You listen and then you know as one therapist put it) They do not share Freud's early humility (53, 196) Unfortunately, the attitudes of many clinicians constitute real dogma, science has not in the past and does not now have an important place in the thinking of these clinicians

An important and pervasive assumption about psychotherapy has been that in psychopathology one is dealing with a disease course that can be said to have a discernible progress in time similar to that seen in cancer tuberculosis, and other diseases The notion of a disease entity is obvious in this assumption If these disease courses are what they are presumed to be, then the disease has a trajectory, as it were, and where one begins psychotherapy on this trajectory has a lot to do with the results obtained It has been suggested that part of the disagreement between psychotherapeutic methods is due to the fact that different patients have been started at different points along the curve that describes their disease since any therapeutic viewpoint is bound, in time, to get a number of patients early, or at the more amenable points on their trajectory, all therapies have a certain number of good results In effect, the good results are due to early treatment, the poor results to too late treatment, the kinds of treatment are secondary and less important

This would be a highly useful account of success failure in psychotherapy were it possible to describe, in the manner implied, even *one* possible disease course If one such disease course could be described and if hypothesized results followed therefrom, we might hope to clear up a lot of the confusion in psychotherapy But the sad fact seems to be that we not only have no disease 'entities" in the older Kraepelinian sense, we have no 'course' either If there is no entity or manageable

process there is nothing to plot Too, the results achieved by people who have challenged the older notions that psychotics were untreatable—psychotherapists like Sullivan, Fromm Reichmann, Rosen, and others—have seemingly demonstrated over the past two or three decades that the alleged disease course in these more severely disabled persons was not a course at all and that whatever the trend, if it be that, or the current state of affairs, it could be altered in psychotherapeutic treatment of the varieties supplied by these therapists It does not appear that having been psychotic for (say) 15 or 20 years makes one any less treatable than having been psychotic for only five years, assuming of course that no irreversible organic or deteriorative processes have intervened during the interim Time alone, holding other matters constant, seems to have no appreciable effect

This brings forth the consideration of a point raised above concerning the paradigmatic nature of psychopathological involvements It is maintained here that the problems of the adult, the problems of the group with its members, and most clearly the problems of all manner of two person involvements (husband wife, employer employee, parent child) are essentially paradigmatic in form, and that more complicated problems represent the spreading of the paradigm (generalization of it, in learning theory terms), or the resultant constrictions brought by the paradigm, disabling the person in many or all areas of living Thus, one person is sicker than another only in the senses (1) that the paradigms describing his difficulties are found in multiple areas of living and (2) that the paradigms are relatively refractory to change (rigid, or, better yet, so dominated by single hypotheses that alternative hypotheses have a low probability of occurring or of being activated) It is, consequently, of only secondary importance how long a person has been suffering from interpersonal difficulties

We ordinarily say that one who is psychologically ill is "ill all over" He does not have a problem only about his school work, or about his opposite sex relationships, or about his

position vis a vis authority—he is said to be ill all at once and in all areas of his living, of which those noted are but signs and symptoms From the present viewpoint, this overall, over inclusive notion of psychopathology is erroneous It is alto gether possible in a theoretical sense, and commonly observed in a practical sense, that people s difficulties are circumscribed It is doubtful that even the most long term and drawn out of analyses can cover all facets of one s life Thanks to the con servative and growth producing properties of human nature, setting up cures and liberating growth potential in one area of living often helps to remedy problems in other areas Just as illness and psychopathology may spread, so health and re construction and growth can spread

The point is simply that if, in psychotherapy, the client and the therapist can arrive at some intelligible communi cations about one or a few of the paradigmatic involvements of the client, the way is opened for reconstructive work that may put the client back on his feet in a relatively short time It is not necessary to assume that a *total* kind of help (in the sense of a psychic purgative) is needed, or even that such would be desirable if it were possible

Research could very well cope with the problems referred to in this section Assuming that disease entities and disease courses are false leads, we can change our thinking in the direction of discovering for patients the paradigmatic involve ments It would be possible to describe and deal therapeutically with only one or two or a set number of such paradigms in given groups of patients For example, in the area of parent child relations, an area in which the writer is particularly interested, it would be possible to focus research on the type of paradigm that dealt with limits,' i e, the drawing and maintaining of disciplinary lines (142, 113) If it could be shown on the basis of current types of studies of the content of therapy hours (with the mothers) that delineating one such paradigm in therapy permitted the therapy to follow the course described by Rogers with respect to self others attitude changes,

then we would have some evidence that the interest in the paradigm type analysis did not greatly alter the course of therapy and might lead to more economical results We could ascertain, in addition, on a follow up basis, whether the concern with the limits paradigm produced as good results as a therapeutic procedure that did not delineate such a notion or raise to theoretical importance

We might also find out whether the clarification and breaking up of such a paradigm allowed for an altogether constructive effect from psychotherapy, dispensing with the need for going beyond the paradigms themselves And it could be learned whether with long standing cases i e , with persons who had been sick for longer periods of time, the therapeutic understanding of the paradigms could lead to con structive results and whether the results were as good as those in therapy concerned with less long standing histories And so on for the study of any features of therapy that could ordinarily be investigated At every turn we could learn more about the problems that allegedly lend importance to such notions as depth, intensive treatment, the need for reflection, the pre sumed importance of taking the whole person' into consider ation, the importance of long standing and less long standing involvements the importance of multiple paradigms and whether multiple paradigms could not be re subsumed under still more general and more economic rubrics, and so on Once a new grip on psychotherapy and psychopathology can be ob tained, whole new pieces of behavior and whole new worlds of importance can be opened up and studied

The question of *basic personality change,* the need for such a drastic change, and evidence for or against such a change, in association with psychotherapy, has long been present in the literature The main question to be entertained here is about the meaning of the notion, basic personality change It is the position taken here that no such change takes place as a *typical,* or as a *necessary,* or even as a *desirable* result of

psychotherapy. The definition of "basic" will here be construed to refer to personality changes similar to those taking place under traumatic war conditions (unrelieved by rehabilitation processes) such as were seen during the Spanish Civil War in the late 1930's. Concentration camp experiences, war-prisoner "brain washing" experiences, and others of this degree of devastation would fall at the end of a continuum of change most likely to permit the term "basic" to be associated with it.

In rare instances, perhaps, changes in personality as basic as these might be found in work with institutionalized psychotics who have gotten well. Most major changes in personality organization would presumably be in the direction of devastation rather than in the direction of reconstruction or recovery inasmuch as life seems to offer documentation of the former more frequently.

If the many other strictures regarding psychotherapy and psychopathology promulgated herein are approximately correct, it would seem that psychotherapy change is usually of a relatively minor sort, perhaps roughly analogous to the clearing up of a virus, the knitting of a broken bone, the strengthening of muscular weakness, the regeneration of organ systems with minor ills. If the personality involvements that psychotherapy typically has to relieve are of the paradigmatic sort stressed herein, then the total effect on the personality organization of the individual treated would seem to be relatively minor.

Saying that personality changes associated with psychotherapy are relatively minor in their effect does not mean that these changes are unimportant or short-lived. Being a happier person, gaining the self-respect necessary to keep jobs, to make a marriage a success, are all quite important. But failure or success in these undertakings, as a function of personality disturbances and/or their relief, does not itself constitute a major personality change, or a basic reorganization of personality.

Perhaps much, if not all, of the problem of "basic" changes revolves around the loose use of the term. The present dis-

position is to consider as basic whatever is conceptually most useful We could not say that the mending of a broken bone in the arm is basic to our concept of physical health and bodily structure because of the role of a broken bone in the total economy of the body, although the broken arm might be of considerable importance if the patient's job was that of a taxi driver, a railway section hand, or a clerk-typist. But cancer, or tuberculosis and the interim changes that these diseases bring to the body economy are indisputably "basic" Parallels in the psychological economy of the person seem to be rare, and even when there are possible parallels, the chance for improvement under realistic psychotherapy is great enough to result in higher probability for psychological reconstruction than for physical reconstruction (i e, where degenerative conditions associated with cancer, tuberculosis, and other major diseases are concerned)

If whatever is basic is that which is conceptually most useful, then we are scarely in a position in psychological science to bring forth strong evidence for basic personality change from psychotherapy We have few or no conceptual notions that would permit viewing a particular personality change as basic This is precisely the reason why the above illustration of a possibly basic change, lying at the end of a continuum of change, was chosen as a hypothetical instance In the absence of good research evidence, and for argument s sake, it is postulated that our most adequate notions of basic personality change to date resemble most closely the personality changes said to be associated with severe devastation of persons and social life found under war, physical catastrophe, and like conditions

The stress that psychotherapists have placed on basic personality change seems out of all proportion to the facts and to comparative knowledge in other areas of human experience *Psychotherapists, in the present view, have nearly always over rated their tasks, their efforts, and their results* This may be the reason, too, why disappointment in the results of psy-

chotherapy and disregard for and disrespect of whatever it can accomplish has also been disproportionate It seems difficult at this time to find in the literature evidence of a realistic, proportionate, and empirically demonstrable set of attitudes toward psychotherapy, except to the extent that Rogers and his students demonstrate these conditions Only Rogers and his students, or those essentially inspired by him, have given us the working knowledge preliminary to the building up of scientifically valid assessments of psychotherapy The vast liter ature in the depth fields is almost worthless if we seek scientific evidence for the value of psychotherapy and for the relationship between psychotherapeutic change and the total personality organization of the person

Successful psychotherapy, viewed as it is here, comes about through the development of better problem solving techniques which development, in turn, has to do with the undoing of the paradigms of psychopathology There need be no question here concerning basic personality change as a *necessary* feature of psychotherapy This is quite a different viewpoint from one that requires that basic personality change be associated with successful psychotherapy

Our effort is turned now toward further development of the notions of conflict as they relate to communication theory If we can pass successfully—even though tentatively—from the more limited notions of conflict as derived from animal experimentation into communication and information theory, we will have passed the staff of knowledge along, relay fashion, to a faster runner and we will have established ourselves better in the more pervasive and heuristic developments of the last decade in an area that promises at least to encompass all the social sciences

CHAPTER SEVEN

PSYCHOTHERAPY AS COMMUNICATIVE ACT

Recent developments in communication theory, information theory, and cybernetics (187, 188, 195) have suggested broad but loose leads for the better understanding of psychopathology and psychotherapy as well as new leads for many other areas of psychological and biological sciences It seems likely that the notion of conflict, as herein developed and applied, feeds into the notion of circular causal feedback systems If this is true, then we have vast additional evidence and potentially solid empirical backing for the position taken in this book, which depends upon a non depth orientation toward human and animal behavior with special emphasis on psychopathology

The notion of conflict provides a relatively clear and easy entry to communication and information theory by means of the use of the concept of circular causal processes The great historical importance of the notion of feedback is attested to

by Foerster, Mead and Teuber, the editors of the cybernetics transactions (187, p xiv) They state

A second concept, now closely allied to information theory, is the notion of circular causal processes A state reproducing itself like an organism, or a social system in equilibrium, or a physio chemical aggregate in a steady state, defied analysis until the simple notion of one dimensional cause and effect chains was replaced by the bidimensional notion of a circular process (187, p xiv)

These authors go on to subsume Henderson s work on human blood (68), and the same author s observation of physician and patient as a social system (69) under the notion of circular processes Many other works by authors in different fields of science are similarly subsumed under the circular process concept

Since we have entered somewhat into the arena of machines and electronic devices a word concerning man and machine is required We have grappled somewhat above with the idea of applying observations and data from animal experimentation to man and his personality disturbances Now we are going ever further afield from man into the realm of non living matter to pick up some of the *theoretical leads* that we hope to make useful for man and his problems The analogue is the thing, if we can make it work However, there is danger in not making it work and even greater danger in the student s being repelled by the recourse to non living paradigms for instruction about man So it should be made clear at the outset that there is no tendency or interest here in making man 'a mere machine" or in 'equating man and machine' The comparison is for *instructional* purpose only and remains on an 'as if basis The editors of the cybernetics conferences have touched on this point in this way

The fascination of watching Shannon's innocent rat negotiate its maze does not derive from any obvious similarity between the machine and a real rat, they are, in fact, rather dissimilar The mechanism, however, is strikingly similar to the *notions* held by

certain learning theorists about rats and about organisms in general Shannon's construction serves to bring these notions into bold relief (187, pp xvii xviii)

And, again, by the same authors

> We all know that we ought to study the organism, and not the computers, if we wish to understand the organism Differences in levels of organization may be more than quantitative But the computing robot provides us with analogues that are helpful as far as they seem to hold, and no less helpful whenever they break down To find out in what ways a nervous system (or a social group) differs from our man made analogues requires experiment These experiments would not have been considered if the analogue had not been proposed, and new observations on biological and social systems result from an empirical demonstration of the shortcomings of our models (187, pp xviii xix)

So much for the point that non living or sub human systems may be instructive for man and man's problems with himself Now for a contrasting point, albeit from one of the cybernetics conferences (199, pp 48 72) Kubie enters the problem of emotions' in the feedback concept from the vantage point of psychoanalytic depth theory This gives us a special invitation to grapple with the problem of feedback in the context of depth thinking and to attempt to offer a correction to Kubie's work and his theoretical position

Kubie splits the organism right down the middle between conscious and unconscious processes and gives this dichotomy the pivotal role in his discussion of emotions He tries to weld a functional, communication information type theory onto a classical depth oriented personality theory and it seems to the writer that it will not fit In this effort he attempts to put the problem of emotions into feedback terms His efforts, from the viewpoint of the present writing, are like those of the musician who attempts to transpose from one key to another or from a 5 tone scale to a 12 tone scale without making the appropriate modulations and transitions The whole notion of

feedback could have been left out of Kubie's article—and possibly should have been left out—without affecting his discussion in the slightest Correspondingly, the addition of the feedback and circular causal concepts, especially since these notions should take us in through a somewhat different theoretical door, cause the article to become a misnomer Kubie s efforts lead to disappointing results just at the juncture where one expects some enlightenment about feedback in what are referred to as emotional states

The so called 'fundamental functions Kubie lists are, themselves, theoretical notions and should not be considered as some sort of primary, factual data, unblemished by theory, abstractions, generalizations And after the earlier discussion about feedback and communication information processes, Kubie's article ends by being mired down in depth theory—which, from the writer s viewpoint, represents what must happen if one tries to impose depth psychology notions onto a non depth theory (such as communication information theory) simply by using the language of the latter The using of communication information language and concepts, while failing to reflect carefully about the theoretical mold from whence come one's strictures, only adds confusion to such discussions

Taking off from these observations, it will be our purpose to adduce from communication information theory certain heuristic leads most promising for the understanding of psychopathology and psychotherapy

We have said in many ways that conflict has the effect, in part, of limiting, constricting, and narrowing the organism Studies of animals have shown how, even when the experimental situation is enlarged, the animal does not "see" the new possibilities, hence continues on with its old unsatisfactory, unadjusted behavior This rigidity is commonly observed among human clinical cases as well Human clients often repeat obtuse problem solving attempts knowing in one sense that their attempts are faulty, yet apparently unable to alter them

They may often try to prove to the therapist that "people don t like them, or others don t give them fair chances," and so on, as if to place the full responsibility for the vicious circle they are caught in upon others shoulders

In many such cases the client assumes that others do not like him or that he has to do something special in order to get his points over to others When the person is caught in interpersonal tangles, he makes these on the spot assumptions but knows better at other times when he is cool and collected Clients in such cases, assume that there is just one way (or a very limited number of ways) to approach people, and thus stubbornly try out techniques and methods without taking account of the social situation The client is not socially flexible, he says the wrong thing at the right time, acts incorrectly, and so on

The conflict in this sort of impasse is pitched between wanting to do well, to get along socially, to be liked, and operating or acting or asserting oneself on the basis of a very limited set of assumptions (often inappropriate) For example a client may dislike others who do not give him any feeling that his ideas are useful or interesting, or that his presence is appreciated he may, therefore, redouble his efforts to get his notions across in the social situation, may strain too hard in unacceptable ways to make himself liked In such cases, where one proceeds with fear and trepidation into social interaction it takes very little information to arouse, sustain and confirm his hypothesis that he is being slighted, snubbed overlooked rejected Thus upon the slightest indication of such snubbery, he fights back with gusto and with extra energy—but not with flexibility He becomes like the animals in the experiments discussed above—he hits at the same mark over and over because what is fed back to him (functionally related to his social perception at the time) is not acceptable to him and this is precisely what he wishes to overcome The person in such cases loses sight of the larger objectives, of social acumen, of other

considerations that he can entertain when he is calm and collected. The hypothesis that is being so severely challenged, from his point of view, is that which asserts that he is socially adequate and ought to be accepted: the "I'm-as-good-as-anyone-else" feeling. Yet the social environment at the same time says, "No, you are not socially adequate—at least not here—and we don't want you."

Conflict, as we see, narrows and makes more rigid the organism's performance (11, 31, 62, 128, 161, 197). The action tends to center on a very few—most often, perhaps, just one—hypotheses regarding self and others; all energy is actualized in the direction of hypothesis confirmation. The feedback from the social environment, the communications from others, and the client's observations of these, are all in the direction of disconfirming his hypothesis. This makes for the avoidance or negative features that conflict with the client's self-assertions that he is, or wants to be, socially adequate, and should be approved of.

As this kind of situation is reactivated again and again it tends to set up the steady state the communication theorists speak of. It is a circular process.

Client's assumption: I am socially adequate and should be accepted; environmental assertion is one that tends to disconfirm this assumption; in turn, the client redoubles his efforts (or, if badly beaten socially, he may retreat). The adult in such a case of asserting social adequacy is like the child in a temper-tantrum who says "I will, I will," or "I won't, I won't," as the case may be. The slightest evidence from the environment keys off the client and he begins to feel rejected, and then to attempt, in turn, to handle the situation as he sees fit at the time.

Whether the client in this case fights back or retreats is not of major importance for the understanding of these paradigms. And individual differences are likewise considered to be examples of the same lawfulness; they do not require separate lawful statements to cover each individual case. If the person

retreats, it means that for the moment the weight of the alternative hypothesis (that he is socially unacceptable) outweighs his own hypothesis (or carries secondary implications that make his own hypothesis of acceptability untenable for the time being) that he is acceptable, which he may accept to the extent that he is driven into a schizophrenic retreat Or he may fight ever so much harder and thus become more obnoxious in the minds of those who stand in judgment over him

In both instances—retreat or redoubled efforts—he is engaging in a circular causal process It becomes a self sustaining process It gets activated over and over again when he meets anew this kind of situation *If the client is thus made behaviorally narrow in many ways, this will increase the probability that the same sort of circular reaction will be obtained in future similar situations*

If, as is true in therapy—and sometimes in life situations without being so designed—the accepting and understanding attitude of another person can permit the client to engage his self assertions without the usual feedback which is negative (or, put another way, without the usual strength of the noxious, avoidance gradient being felt), it enables the client to structure the self attitudes, to see the relationship between one attitude and another, and to entertain the possibility of alternative behavior and/or assumptions

The process here, in simpler terms, goes remarkably like problem solving behavior in the following kind of situation

A person is given 6 match sticks (or other sticks about this size) and is told that if he can arrange them correctly, he can make them form 4 equal angle triangles Usually the subject in such an experiment assumes that the sticks must be arranged in a two dimensional field (i e , lie flat on the table), which, of course, precludes his solving the problem If the experimenter says something like, 'You are assuming that you have to arrange the triangles in a two dimensional space, the subject will likely see the assumption and thus structure it more clearly, thus allowing for an alternative assumption, viz , that the three dimensional space solution is acceptable, and, moreover, necessary to the problem s solution

The essential hypothesis being put forward in the discussion of psychotherapy, and in the problem solving illustration above, is that when one labels or articulates an assumption in any form (symbolically or in terms of action), this much structuring allows for, or implies, a *range of possibilities* of which the original assumption is but one instance In the simplest instance of such an operation, if one says that something is "bad," this implies a two fold—good and bad—dichotomy or range Thus the simplest alternative to bad is good ' The most complicated instances, of course, are those calibrated in science on a continuum that is specifiable and measurable

Thus, in the kind of hypothetical experimental situation cited above involving the match sticks and the problem of constructing 4 equal angle triangles, if one makes the *assumption* explicit this *implies* a range, an extension beyond the assumption itself, thus allowing for alternative assumptions that can be acted upon and tested All scientific experimentation and discovery that is not strictly accidental appears to follow this type of development

In the clinical situation, the feedback from the therapist or from whatever source enables the client to structure more clearly his emotional situation, his assumptions his assertions Rogers very insightful observation of reflection is an example The reflection of the client centered therapist is, in effect, *an* example of the above mentioned structuring of one's assumptions In the present scheme of psychotherapy and psychopathology, reflection is important and is in a limited way, useful and productive, but it is only one of a class of several such devices This class of events (communications) we might label *hypothesis structuring*

In a situation like the above cited one with the match sticks, the hypothesis structuring comes from a kind of leading question, or from a reflection as to what the subject's assumption appears to be, thereby paving the way for alternative assumptions In psychotherapy, one has to broach the matter of the client's conduct and behavior carefully but similarly Thus

questions inoffensively asked, alternative suggestions given in non authoritarian manner, and the setting of physical and time limits (especially with children) are all useful in permitting or inducing the client to realize alternative hypotheses The fact that this goes on in an essentially unthreatening and accepting relationship permits the client considerable, if not optimal, opportunity for change

In contrast to the methods of depth therapists, the present viewpoint supports more the position of Rogers, but with the above mentioned reservations (or better, extensions) Where depth therapists tend more toward explorative and inquiring kinds of interactions with clients (189), the more modern therapists take a more cognitive position with respect to what the client s hypotheses are, what the reasons are for his difficulty, and what one can (therapeutically) do about it

The extension of psychopathology and psychotherapy notions (as indicated above) into broadly sketched information communication theory contexts is both feasible and promising In the case of the narrowing that is associated with conflict, behavioral and ideational redundancy occurs Anatol Rapaport has captured the essence of this circular, redundant process in his discussion of information theory

> what living things seem to do is create little 'islands of order in themselves at the expense of increased disorder elsewhere This is the meaning of Schroedinger s famous remark that 'life feeds on negative entropy (150)

The recurring interpersonal give and take situations that characterize human relationships (the paradigms referred to above) may be considered as little islands of order Information in the form of interpersonal exchanges is 'fed in' from the environment it is perceived and organized in terms of certain on going assumptions the receiver entertains If the exchange involves conflict this increases the probability that the exchange will be narrowed—will be focused in terms of a single one of the islands of order —and likewise the probability will

increase that the circuit will be closed and/or temporarily refractory to alteration The information input is narrow, the hypothesis range is narrow the behavioral response range is likewise, narrow Therapy consists in making more flexible this whole island, this paradigm by extending the behavioral range, by increasing the probability that alternatives can be utilized Most immediately in therapy the reduction of the avoidance conditions relaxes the constriction of the inter action chain (the paradigm) and has the effect of permitting greater probability values to be assigned to alternative be havioral possibilities

The following therapy excerpt from a recorded interview reveals how the mother of an over protected child has been able to let go somewhat her assumptions that the child must be coached in every step of his play She has surrounded the four year old boy so much with instruction that he doubtlessly feels she has taken his rights away from him and the fun away from the play As the mother has been able to release the assumption that she must supervise each act of the child the child in turn is able to breathe more freely to take more spontaneous interest in his play activities and to engage in them more vigorously

Mother Lately he s liked more to swing on the swings He s been invited to swing at Harold s house some

Therapist He s been given this invitation in the last two weeks and he s accepted it?

Mother Yes I suppose for two weeks he s been swinging he *sat* on it for two days and now he swings Its an arc about this far

Therapist At least he s trying

Mother And he pumps a little bit at least he goes through the motions He doesn t use his back muscles or arms at all but he sticks his feet forward when he goes forward and he draws his knees back his legs back when he swings back

The above excerpt is from the fourth therapy hour with the mother (the child having been seen three times in play therapy sessions), it shows her still to be very over-anxious about how the boy does this or that thing. But it shows that she is relenting somewhat If her assumption that she must see to it that her son does everything as she wishes it done can be reduced in potency, this reduces her conflictful involvement, gives the child less disapproval and, correspondingly, permits both parent and child to live more easily with each other.

The conflict for the mother is between what she *wants* her child to do and to be, and what he *is doing* (in his play). The conflict for the child is between his "natural" desires in play (according to age, sex social status, experience) and the mother's goal setting activities, which are mostly distasteful to him. The mother's behavior and the child's anticipation of her attitude set the boy against her and her demands; he is henceforth judged as 'stubborn" or 'dull' by the mother, who then re doubles her efforts to get him to do things her way (so he won't appear 'dumb" or 'stubborn") The mother's assumptions are narrow, so are the child's, at least where the mother-child interactions take place The child is reluctant to play with other children, shies away from adult company, is not spontaneous in play with other children unless he knows them very well The assumptions he has been led to develop about play are such that he is under so much scrutiny that he cannot "be himself" in play Thus a vicious cycle is instigated

Clearly, then, we have no need to refer to repression, to unconscious processes, to the deep devilishness of the mind that is posited in characteristic Freudian depth views What we need to be concerned with in therapy are the assumptions that make up the parent child interactions (or any interactions), the ways of increasing the assumption range by permissive acceptance of the problem situation, and the patience to let the participants try out new ways of feeling and acting

The therapist's search is always for paradigms, for the interaction nuclei that show the problem situation, that display

at least some of the assumptions involved, that state the conflict in bold terms The therapist s interaction with the client is directed to the end that the client s assumptions are to be structured, and all the therapist s responses are efforts to en courage *hypothesis structuring* Then, in this way, the therapist may react to the parent with a question such as What would happen if you did not try to get Charles to ride the tricycle when he didn't want to?' Or with a reflection You feel that he just won t get going in his efforts to ride unless you urge him on?" Or, "He's probably reacting not to your wish that he ride the tricycle well, but to your insistence that he ride it right now "

It is obvious that dealing with interaction paradigms keeps the therapy close to everyday happenings, to the present, and to issues as they are perceived by the participants There is no concern with how things got this way, unless, of course the client raises such issues, even then, the focus is what the client makes it, not what dogma dictates to be the case Even in dealing with the past, or in the pursuit of historical roots one can still be geared closely in his therapy to the matter as the client sees it and with an ear and eye focused on the paradigms

One important advantage in posing the problems of psy chotherapy in these interaction and paradigmatic terms is that of carrying the modus operandi into all therapy attempts Thus, in therapy with children, instead of depending upon words to convey everything (or nearly everything) the therapist (together with the parent) helps the child to broaden his per spective and his hypothesis assumption range by encouraging physical action, by setting physical limits by removing from the situation the accustomed actions of others We can, therefore, move smoothly with the present theoretical viewpoint, from adult to children, and we can see how a given action sequence with children is equivalent, in principle, to hypothesis struc turing attempts (by whatever means) with adults in primarily verbal exchanges

A common indication of problem status with young chil

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The old behaviors and attitudes are thus interfered with and new ones are instigated This mode of handling affairs with children in play therapy is equivalent to doing certain things verbally with adults

In this manner the communication channels between child and adult (or between child and child) are widened Hypotheses in addition to the one that asserts I get what I want when I want it by whatever means are activated and begin to carry new implications for the child The circular causal process that was limited to I want—I act—I get broadens into greater variety at all stages wanting acting and getting The child may, for example, give up the repeated assertions that he wants this and that, may restrict them to more genuine situations, may act less impulsively and more flexibly, and may end by getting things he really desires and enjoys in place of those that merely represent the (for him) uneventful climax to a temper outburst

Returning to the conflict portion for a moment, the child in such a demanding interaction with others is first asserting that he wants such and such a thing this constitutes his approach toward a goal region He anticipates denial (from previous instances, and he eventually gets some denial inasmuch as even the most over indulgent parents cannot give and give without eventual exhaustion), or a contest or the like and this constitutes the negative or noxious (avoidance) conditions for him The information fed in to the child from his physical social environment is that of seeing and desiring a goal object this leads to the interpretation I must have that,' which, of course, keeps the child s interactions with others limited to the contest instigated by his desire (his assertion I will , the environment denial You won t) This then constitutes a little island of order that is thoroughly disruptive of the larger interpersonal organization of the child in his multiple relationships (Refer, also to Chapter I dealing with patients' assertions the disconfirming experience tension the redoubling of efforts)

It is avoidance gradient reducing for the child to learn

dren is their attempt to overrun the limits set by adults or by the nature of social situations [The content of this type of problem has been developed elsewhere (142, 143)] The child may try, for example to boss the therapist, may throw temper-tantrums in order to have his way, or may whine and cry in order to bring the adult to his knees, so to speak, and in order to have his bidding done The therapist in such cases does not give in to the child, but sees the issue to be one illustrating the child's assumptions about being able to handle others, to have his whims satisfied The therapist does not compliment the child in the way to which he is accustomed The therapist's activity lets the child know that others may not give in to him as readily as do his parents, that there is a longer term stability in his being able to depend upon the adult's wiser choices, and that he, the child, cannot throw the interpersonal situation into chaos at the drop of an emotional flare

An example of this kind of situation between therapist and child follows

> Mrs D , the therapist, reported that Larry, the child of five in play therapy, kept reactivating an attempt to get the therapist to give him toys to take home, or to promise him that he could take them home This sequence was related, it is postulated, to the boy's recurrent attempts to make the parents buy him literally everything in sight when they took him along on shopping trips, and to his repeated attempts to bring home without question any and all toys belonging to other children with whom he played
>
> By not entering into a verbal contest with him about whether he could take home the toys, or why he could not take them, and by firmly not permitting him to make off with any toys at the end of the hour, Mrs D was able to help Larry restructure his attitudes toward such situations, to learn that other adults could not be as easily cajoled as his parents, and to feel the most important feature of all viz , that it is far more dependable and comforting to know that you cannot just move people and things about like pawns

The firmness of the therapist's 'no," or the adroitness with which she settles a dispute of the sort alluded to above, act to increase the social structure within which the child operates

The old behaviors and attitudes are thus interfered with and new ones are instigated. This mode of handling affairs with children in play therapy is equivalent to doing certain things verbally with adults.

In this manner the communication channels between child and adult (or between child and child) are widened. Hypotheses in addition to the one that asserts "I get what I want when I want it by whatever means" are activated and begin to carry new implications for the child. The circular causal process that was limited to "I want—I act—I get" broadens into greater variety at all stages: wanting, acting, and getting. The child may, for example, give up the repeated assertions that he wants this and that, may restrict them to more genuine situations, may act less impulsively and more flexibly, and may end by getting things he really desires and enjoys in place of those that merely represent the (for him) uneventful climax to a temper outburst.

Returning to the conflict portion for a moment, the child in such a demanding interaction with others is first asserting that he wants such-and-such a thing; this constitutes his approach toward a goal region. He anticipates denial (from previous instances, and he eventually gets some denial inasmuch as even the most over-indulgent parents cannot give and give without eventual exhaustion), or a contest, or the like, and this constitutes the negative or noxious (avoidance) conditions for him. The information fed in to the child from his physical-social environment is that of seeing and desiring a goal object; this leads to the interpretation: "I must have that," which, of course, keeps the child's interactions with others limited to the contest instigated by his desire (his assertion: "I will"; the environment denial: "You won't"). This, then, constitutes a little island of order that is thoroughly disruptive of the larger interpersonal organization of the child in his multiple relationships. (Refer, also, to Chapter I dealing with patients' assertions, the disconfirming experience, tension, the redoubling of efforts.)

It is avoidance-gradient reducing for the child to learn

dren is their attempt to overrun the limits set by adults or by the nature of social situations [The content of this type of problem has been developed elsewhere (142, 143)] The child may try, for example, to boss the therapist, may throw temper tantrums in order to have his way, or may whine and cry in order to bring the adult to his knees, so to speak, and in order to have his bidding done The therapist in such cases does not give in to the child, but sees the issue to be one illustrating the child's assumptions about being able to handle others, to have his whims satisfied The therapist does not compliment the child in the way to which he is accustomed The therapist's activity lets the child know that others may not give in to him as readily as do his parents, that there is a longer term stability in his being able to depend upon the adult's wiser choices, and that he, the child, cannot throw the interpersonal situation into chaos at the drop of an emotional flare

An example of this kind of situation between therapist and child follows

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CHAPTER EIGHT

SUMMARY

This book has proposed a certain reorganization of clinical thinking and has reaffirmed the place of clinical theory and practice in the general body of scientific knowledge It has been contended that clinical theory and practice have been kept too separate from the rest of knowledge in the behavioral and social sciences and that this schizophrenic separateness has led to the development of inconsistent theory, to uneconomical practices, and to a general obfuscation of the role of clinical functioning in the total scientific economy

Our first concern was to illustrate with seven cases of children and adults how the interference theory and assertion structured therapy operate The role of symptoms, the conceptualizing of symptoms and complaints, the economical aspects of interference theory, and many practical aspects of assertion structured therapy were brought under scrutiny An attempt was made to overcome a ubiquitous complaint leveled against therapists one never knows precisely what they do, how

that it is of no great consequence if he does not get all he wants, that the world will not collapse and that he will fare surprisingly well without his request being granted This reduces the tenseness of the situation, allows others to feel better toward the child, opens up new and broader communication channels between the child and others, reduces his conflictful involvements, and allows for greater information exchange and a wider hypothesis range (and action sequence) to be put into operation

Any and all human psychopathological involvements can thus be conceptualized Moreover, such a conceptualization leads to directly ameliorative and helpful practical consequences, provided, of course, that the requirements of the theory are adequately and consistently put into operation The position asserts that human involvements are functions of conflict situations, that these situations are *immediately present* (in contrast to depth theories that make them largely dormant), and that the assertions and ensuing complications can be conceptualized in learning perception communication terms The clinical theory attempts to be as specific as possible at all points, to relate the clinical events and their cognitive counterparts to extant, testable theory, and to assert testable propositions (or those which, in principle, are testable) at both clinical and non clinical research levels

One is able, by taking these theoretical and practical steps, to clear away many misconceptions, to unload the excess theoretical and practical baggage that the depth theories of personality and clinical phenomena bring with them The world of the clinic is made continuous with the rest of the world of scientific knowledge about man and his concerns and the research possibilities joining the clinic with the non clinic problems of scientists are implemented and enlarged With the posing of new questions, new problems, and new outlooks, the clinic will grow and enhance its position in science and in practical affairs

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their operations derive from their theory, or how the conduct of therapy has anything to do with amelioration or cure One cannot overcome this valid complaint by presenting a few illustrative cases but one can begin to show how such com plaints can be overcome

The chapter on clinical cases was rounded off with a brief reference to on going, but incomplete, research of a follow up nature on parent child, out patient cases, where two empirical methods of therapy (depth therapy and the present assertion structured position) were compared It was tentatively shown that assertion structured therapy holds in these data a decided edge over depth derived practices so far as *efficiency* and *effec tiveness* of psychotherapy are concerned Efficiency refers to the degree to which patients ostensibly seeking help are given help, or the degree to which the therapist can and does work with a heterogeneous collection of patients Effectiveness refers, on the other hand, to the success failure ratio, to outcome It is con tended that evaluations of psychotherapy are somewhat narrow and misleading if one studies only the outcome among patients who completed therapy, thereby neglecting those who fell by the wayside after application or intake

Entering upon consideration of methodological theory re search problems, we first dealt with the idiographic nomothetic controversy Issue was taken with the one sidedness of tradi tional clinical thinking and effort was made to point out the fundamental similarity between clinical problems and statisti cal methodological and prediction problems (122 a) Allport s penetrating and exhaustive monograph was taken as the pri mary target in the re examination of the methodological issue, but reference was made to clinical thinking in general The position taken here questioned the validity of the dichotomy and suggested a re organization toward the solution of practical and theoretical problems immediately adjacent to the method ological one In this effort to cast a new mold, clinical thinking and practice become merged with the totality of science rather than maintaining a separate and distinct category with their

own rules, their own criteria of validity and their own predictive position vis à vis science.

Once we are squared away with this controversy, it then becomes feasible for us to investigate other related and fundamental issues in clinical theory and practice—the most momentous of them being the depth issue, the consideration of the relevance of the concept of the unconscious. No issue within the domain of clinical theory and practice, per se, would seem to be more nearly central or more pervasive than the prevailing assumptions about the unconscious and its role in all matters clinical (and in many matters labeled "personality," too).

When one begins to view clinical phenomena in terms of general science knowledge, he can focus more clearly on specific problems. Having attempted to place the clinical world squarely back in science, we next contested the notion of the unconscious. It was shown that the notion at best is an exceedingly cloudy one, and that even if it were to be maintained as a respectable concept it would have to be considerably overhauled. But, as we often discover when examining faulty concepts, patching up the concept is wasteful and unproductive; what we need is to see the problems that the concept purports to deal with in new light. As Susan Langer put it,

> A new idea is a light that illuminates presences which simply had no form for us before the light fell on them. We turn the light here, there, and everywhere, and the limits of thought recede before it (105, p. 5).

And so it has been with the new light turned on the concept of the unconscious and on all the depth paraphernalia associated therewith. The phenomena the unconscious was meant to explain have still to be explained, but the issue becomes a different one when the new concepts are invoked. Thus, instead of emphasizing depth and related notions of resistance, repression, and so on, the emphasis becomes one of studying what the organism is asserting or affirming in its behavior. People are seen as living by assumptions, as putting themselves

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number of experimentally manageable problems The cash value of clinical theory and practice is greatly enhanced with this undertaking And, all the while clinical phenomena are shown to be part and parcel of general behavioral and social science phenomena This, in turn, feeds back into the methodological issue dealt with previously in that the clinic and its practices are shown to be different from what they have traditionally been construed to be

Psychopathology and psychotherapy are conveniently subsumed, at least in their larger features under conflict theory This provides a bridge between the more scientifically austere methods with which the experimentalist deals and the looser more qualitative matters with which one is concerned in the clinic Indeed, conflict theory readily fits into this loose joint in our clinical scientific thinking and smooths out many clinical issues

Conflict theory permits a new look at psychotherapy Psychotherapy becomes a critical issue from several standpoints as a test of the validity of conflict theory as a vast and confusing arena in explaining which conflict theory offers many advantages and as a field that requires the cultivation of specific research problems suitable both to the clinic and to broader and more penetrating study of psychotherapy It is contended that these considerations as implemented herein can have a decidedly salutary effect on the study of psychotherapy and that only testable considerations do (and should) emerge from conflict theory Psychotherapy loses most if not all of its glitter and glamor but it is hoped gains materially in its scientific credibility something it has sorely needed for decades

Specific issues within psychotherapy are considered New research positions and vantage points are at least suggested The possibility of making psychotherapy more useful to more people within the context of the new considerations promulgated herein is spelled out in some detail Greater detail will have to wait for further studies by many investigators and for subsequent publications

forth on the basis of hypotheses which may or may not be satisfactorily confirmed in daily living The whole new emphasis becomes a positive, assertive one *People are seen to live not by denials but by assertions*

This position—certainly not entirely new, yet unique in its emphasis and in its giving assertions the central role in the economy of the organism—raises new issues, changes old issues and dismisses many issues as nonsensical because they are, in principle, untestable One cannot achieve or hope for this new status without incurring risks and responsibilities Thus a whole new set of problems is at least suggested, the suggestions are, however, all to the good inasmuch as science lives and thrives on new ideas

The notion of conflict is invoked at this juncture Conflict theory, as it has been developed mainly by experimental psychology, lies ready—it is hypothesized—to fulfill a role it has never been given and to serve as an explanation for problems heretofore relegated to the unconscious But conflict theory has to be invoked with a purpose and within the overall framework outlined herein There has long been conflict theory of sorts in personality theory and in clinical theory If conflict theory can support the assumptions related to the organism s assertiveness (in distinction to notions based on denial), and if it can enlighten and broaden the old subsidiary ideas supporting the notion of the unconscious then conflict theory can become exceedingly useful and heuristic

Much of the case stated herein depends upon conflict theory s doing the job it is made to do By referring constantly to the features of conflict, by re examining the important studies on animals in conflict theory terms, and by restating many clinical and personality problems in conflict terms its productivity was tested and seemingly found adequate I or example, it became possible to discard the whole notion of *defense*, to re explain or to discard many of the specific I reud ian defense mechanisms, to set the phenomena they purport to explain in a new framework, and thereby greatly to increase the

'I act" . thus and so) and the disconfirming environmental in formation impinging upon him This conflict gives rise to symptoms to the circularity of behavior, to refractoriness to change to the problems of psychotherapy, and to many if not most of the issues found in the broad areas of personality theory

Looking back over the issues involved, it appears highly probable that the issues as stated and as allegedly resolved are not merely verbal issues where a novel language or set of termi nology replaces an older one The issues are far more profound and affect the entire fabric that has been woven to date A few will deny the need for freshness in matters both theoretical and practical in the clinical world That rapprochement with the non clinical world of behavioral and social science is needed seems, also, beyond question And the clearing up and extend ing outward of clinical phenomena, qua clinical, is also doubt lessly needed These matters have been tackled here, it is up to those capable of independent thought and practice to give them the tests they need and to extend, replace, and modify as ac cumulated (testable) knowledge indicates

Conflict theory not only provides a bridge between clinical and experimental considerations but may also provide a bridge between general psychological knowledge as conventionally stated and the new scientific concerns such as those subsumed under cybernetics (communication information theory) This transition to communication information theory although tenuous and necessarily incomplete at this juncture shows promise of raising many current issues to still more general status and of enhancing the social behavioral sciences It becomes possible when one considers the fascinating potentialities to see psychotherapy problems in these more communication information centered terms and eventually to attempt to put even the phenomena of psychotherapy into mathematical language

NOTE

Some general hypotheses of a quantitative nature may be suggested at this point

1 The seriousness of symptoms is directly related to the absolute and relative heights of the approach and avoidance gradients

2 The seriousness of symptoms is directly related to the organisms distance from the goal region at the onset of conflict (intersection of approach avoidance gradients)

3 Progress in psychotherapy is directly related to the solving of the interaction paradigms in the following manner

(a) Understanding the therapists explanation of the conflict (i e the paradigm)

(b) The patients proposing explanations of the paradigms himself typically after the fact

(c) The patients ability to break into the tension state at the time of conflict on the basis of talking to himself about his feelings attitudes

(d) The patients ability to preclude the arousal of tension in formerly tension provoking situations as a direct result of the strengths gained at the first three levels (a b c above)

These hypotheses can be seen to be related in turn to the more general proposition Change in behavior is some function of the amount of information the behaver has at his disposal The more strongly a proposition is adhered to the less information it takes to confirm it but the more information it takes to disconfirm it The conflict is between the assertion of the person (I believe I feel

SPECIAL STUDIES

CHAPTER NINE

THE INTERACTION PARADIGM IN PSYCHOTHERAPY— A STUDY

Three therapists, including the writer, independently rated three different therapy hours that had been electrically recorded and transcribed. The three therapy hours thus rated had taken place at wide intervals over a period of six months. All of the therapy hours lasted about 50 minutes and all were between a male therapist (the writer) and mothers who were interviewed about parent-child problems.

The therapy hours were three from among dozens that were initially recorded for various reasons but that had not all reached the stage of being transcribed. No special reasons led to the transcription of these three hours in preference to others.

The following set of instructions was given each rater:

Directions to the rater: All psychotherapy communication (or any communication, for that matter) can be divided into units or packages. Some examples of these units are client's expression of "attitudes toward self," "attitudes toward others." Other units might include notions of "transference," and other psychoanalytic concepts.

Example: (A 45-year-old man regarding himself):

Client: If I can develop a knack of solution by practicing on the more difficult problems (referring to an engineering exam.) . . . They *are* difficult . . .

Therapist: You would be ready for the real exam because you would be prepared for more difficult problems.

Client: *Provided,* of course, when the real test comes, I was ready for it—I wouldn't go off like I have in the past. I know today, with what I know about the subject, and if I hadn't gotten all excited and upset at the exam—I know I'd *have* my certificate today.

Therapist: Yes.

Client: That's been the frustrating thing—I've come so close two other times.

Therapist: Even then it was a matter of not concentrating well enough, of making careless errors, of not knowing or figuring out what the problems really called for.

Client: *That's* it. It wasn't a lack of knowledge—just carelessness.

Therapist: The thing, then, you have to watch is the details of the problems, not to go off, as you say, not to get lost in your own concern, or make assumptions about the problems which are not warranted. You have to follow the details better.

Client: And put details, too, in their places.

Therapist: It's a problem in carefulness and watchfulness and openness to the problem at hand. Then, point-for-point concentration you feel would handle the problem—if you don't get excited or upset?

Client: I hope I'll be able to . . . That's what I *have* to do.

Example: (A 29-year-old man regarding himself):

Client: I want to do this (get up early in the morning to study for make-up exams) and I make a good resolution when I go to bed at night.

Therapist: At the time when you resolve to get up, you're all for it, but when the actual time to get up comes, you see it as a different matter—is that it?

Client: Yes. (Pause.) I don't know why I can't get up in the morning. It beats me. I *intend* to.

Therapist: Could it be that you *do* intend to the night before but intend *not* to get up—or, better, intend to stay in bed—when the morning alarm sounds?

The purpose of this rating is to test whether independent raters can discern a still different unit—a unit we call an *interaction paradigm.*

The interaction paradigm (I.P.) is composed of two or more conversational exchanges during therapy in which: (1) the client makes some kind of statement of (or implies) a condition puzzling to him, mentions a state of affairs that is difficult to handle, expresses an assumption, a concern, a problem, an impasse, or whatever; (2) the therapist replied to (1) in terms of a question, a reflection of an alternative piece of behavior (or attitude), and so on, that the client might entertain; and (3) the client's response (direct, indirect, or unnoticed) to the counselor's reply.

This is the minimal interaction paradigm—its shortest version. The kind of interaction sequence delineated above might make up several minutes of the therapy, repeating the same point from different positions, elaborating. Whether it goes on beyond a few exchanges will depend primarily upon the client's own interest and concern in the matter at that time. What you, as a rater, are supposed to do is to read the accompanying transcripts (of recorded interviews) and mark the boundaries of any and all I.P.'s you notice.

To help you do so, here are some brief interaction paradigms meant to serve as examples:

Example: (A 30-year-old mother of a four-year-old boy):

Client: It is just awful the way he behaves in company. He interferes, demands attention, tries to monopolize our interest and conversation; he just won't leave me alone when someone visits me —or us.

Therapist: He controls you by monopolizing the social situation?

Client: Yes, he sure does. He *really* does.

Therapist: What would happen if you simply put him in his room, or put him out doors, and so on, if he didn't stop interfering after you once warned him?

Client: I'd hate to do that since he likes the company so much, especially when Bob and Mary drop in—he *loves* them.

Therapist: You want him to stop interfering, yet he won't. You seem to consider stronger measures, if I've followed you correctly, as being out of the question, or as too severe. Is that possible?

Client: Yes, I guess I have. (Pause.) You mean I should be more strict with him?

whether it holds any promise as a possible research tool The results, though inconclusive, are promising

In the analysis of the rating results, each rater was compared with every other rater In turn, each rater served as the base line, or as the independent rating, with the other raters compared to him For example, rater 1 rating the first therapy protocol, found 25 interaction paradigms Rater 2 agreed with rater 1 in 68 percent of rater 1's ratings And rater 3 agreed with rater 1 in 48 percent of rater 1 s ratings In turn, rater 2 became the reference point and raters 1 and 3 were found to overlap in marking off I P s to such and such an extent Table 2 shows the inter rater overlap or agreement for all comparisons on all protocols

TABLE 2

SHOWING THE PERCENTAGE OF OVERLAP OF RATINGS OF INTERACTION PARADIGMS AMONG THREE RATER THERAPISTS FOR THREE PROTOCOLS

	Rater Therapists					
Cases	*2 on 1*	*3 on 1*	*3 on 2*	*1 on 2*	*2 on 3*	*1 on 3*
'Green'	68 00%	48 00%	58 00%	89 42%	91 67%	100 00%
'Brown"	55 00	51 50	90 00	65 00	85 14	61 00
'Red'	72 50	85 50	62 48	67 00	70 00	75 00

For case 'Green" there was an average inter rater agreement of 72 52 percent, for case Brown' an average inter rater agreement of 69 61 percent, and for case Red the inter rater agreement was 72 08 percent These summary figures as well as the more detailed inter rater agreement figures in Table 2, show that there is considerable agreement as to what constitutes an interaction paradigm, at least among therapists who have become somewhat familiar with this notion, and who have had exercise in applying the analysis to recorded interviews but not to transcribed interviews (other than those studied herein)

The situation is not substantially less encouraging when non therapist raters are studied Three non therapist raters read and rated one protocol—the case of Brown' —and these ratings

Client I hadn t thought of it that way, but that does sound like what I do

Therapist It is as if there were two "you's"—one that resolves to get up and one that resolves to stay in bed—and that they are not put together or placed along side of each other, except here as we discuss the difficulty It s like saying that one "you" doesn't know about, or admit, the reality of the other "you "

Client I guess that s true (Pause) Seems funny though

Example (A mother of two pre schoolers)

Client We always just assumed that even if a child were crying and having a tantrum, you just didn't shut him off by closing the door

Therapist You had assumed that it would be *harmful* to the child to close the door between you and him when he was having a tantrum?

Client Yes, seems silly now, because it really *does* help to get him over his tantrum and to get ahold of himself Guess I never stopped to think of its effect—just took for granted the door should not be shut in that case

As you can see, the I P s will be of different lengths What you, as the rater, are to do is to mark on the scoring sheet the line numbers where you notice an I P *beginning* and *ending* The pro tocols are numbered, in units of five lines, along the left hand mar gin Use this as your measure of beginning and end points, using also page designations Thus an example would be

Page 3 lines 15 to 26
Page 9, line 5, to page 10, line 17

Two sets of results were studied the therapists' ratings, and a group of ratings by non therapists' ratings The latter were senior college or early graduate level students who had had no experience as therapists and who had no knowledge of or interest in the I P study (other than that provided by the directions given them at the time of the rating)

The greatest interest in the results stems from comparison of the ratings by the three therapists, inasmuch as this compari son tells us something about the teachability and communica bility of the idea of the interaction paradigm, and about

can be made and to which behavioral and attitudinal changes can be related. This notion is diagrammed in Figure 4 below

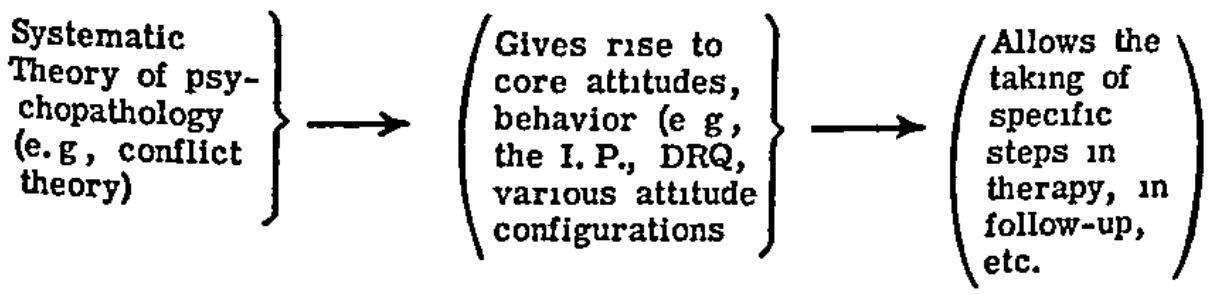


Figure 4. Shows how systematic theory gives rise to analyzable traits, attitudes, behaviors, which are integral to psychotherapy and the resolution of which is important for follow up studies

This is at least one way to avoid the frequent, valid, and lamentable criticism that therapists and theories of therapy are short on specifying what they do in therapy and how this is related both to theory and to outcome It appears to be at least a beginning way to tackle systematic problems relating to the evaluation of therapy, the comparisons of differences in therapies, and so forth

were studied as to the amount of agreement they showed with the I P ratings of each of the therapist raters

Using therapist rater 1 as the independent rating, the three non therapist raters agreed with therapist rater 1 on the average of 80 00 percent They agreed with therapist rater 2 in 57 15 percent of his ratings and with the third therapist rater in 44 56 percent of his ratings The over all figure for these ratings is 60 57 percent—the average agreement of all non therapist rat ings with those of the therapist raters

It seems then from these results, as well as from those presented in Table 2, that the I P is potentially useful as a research tool as well as being teachable to non therapist raters Further study will be required before other details of an empiri cal nature can be established regarding other problems asso ciated with the interaction paradigm

It is useful to consider briefly the systematic position of various tools used in the analysis of psychotherapy protocols It seems useful to think of the tool (the interaction paradigm, attitudes toward self and others, the distress relief quotient, and so on) as lying midway between a larger theoretical context on the one hand, and a specific set of psychotherapeutic operations (and follow up evaluations) on the other hand One can go on inventing content analysis techniques indefinitely, but unless such tools show some systematic and testable relationship both to theory and to practice (as each can be tested with appropriate research), they are only interesting sidelines

It has been one purpose in discussing the I P above (see also Chapters Four to Eight) to show how it relates on the one hand to conflict theory, to problem solving, and on the other hand how it relates to the conduct of psychotherapy and to the evaluation of therapeutic outcomes The I P constitutes at least one paradigm resulting from conflict (and thereby relates to a theory of psychopathology) which one can find specific examples of in psychotherapy, from which follow up evaluations

processes, defense mechanisms, denial, and the like are needed, in fact, they would be wholly out of place and altogether mis leading and unrewarding

When, in the course of therapy with individuals or groups, it becomes obvious that the first line of assertiveness on the client s part will not yield to the therapist s discussion and suggestions, then other, more general notions are looked for In this protocol there was little or no need for this more gen eral searching, inasmuch as the suggestions made and the structure achieved in three previous interviews with these mothers (the interview presented here was the fourth in the 1954 55 school year) were beginning to pay off well by this time The mothers were not so much in doubt about themselves and their children but what they could set limits and see the salu tary results Had they been more hesitant, and had the prob lems not yielded, then their hesitancy, their own dependence, their own indecisiveness (with respect to the therapist's asser tions) would have become important topics for discussion We do not, however, cross these bridges until we reach them This is a point in strong contrast to depth oriented psychotherapy and personality theory The depth theories assert at the begin ning that strong undercurrents from repressed unconscious forces are making the symptoms appear and that even when the symptoms disappear after a few therapy sessions they are but driven further underground—' You ve taught them to repress more effectively," as one depth therapist said in comment on these therapeutic strictures In psychotherapy born of inter ference theory considerations, people are not viewed so nega tively and so pessimistically Life shows its assertiveness on every hand, in terms of choices, preferences, and values The therapist has but to capitalize on these ' natural forces and help the individuals concerned structure their lives more satis factorily No "major surgery ' of a psychological sort is indi cated

Each of these mothers—and almost every other mother as well—is striving to do the best she knows how in raising her

CHAPTER TEN

THREE PROTOCOLS

The three therapy sessions we will consider here were chosen to illustrate—not to prove—several points. They illustrate the extent to which the therapy sessions are structured, the degree of interaction between therapist and client, the way in which the therapist tries to keep before the patient an intelligible blueprint of the difficulties discussed, and the degree to which positive and assertive attitudes on the part of the therapist can have a salutary effect on the client. The continuous assertiveness of the client in terms of the choices he makes, the hypotheses he lives by, are frequently referred to.

The first protocol in this chapter is a transcribed recording of therapy involving four mothers of preschool children (one mother with two older children as well), revealing the problems they have. The record is clear as to how the therapist regards the difficulties. Finding judicious and appropriate ways to interfere with the parent-child impasse is of utmost importance. It should be clear that no assumptions about unconscious

centers and private therapists can be greatly helped in a dozen or less interviews.

The second protocol is included for other illustrative purposes. This is an hour-long recording of the eighth therapy hour of a very bright young adult college student who sought help because he was having academic and social difficulties. Like the mothers, this client was trying hard yet failing to achieve his goals. The conflict between assertions (hypotheses about self, assertions regarding himself vis à vis the world, and so on) on the one hand, and the disconfirming feedback from the environment (personal and impersonal) on the other hand was too much for the client to cope with alone and comfortably.

This young adult client was able to confront the therapist at a number of points about what the client's behavior meant, and about whether conventional depth-oriented explanations were useful or better than the ones given. This client asks many of the questions that any experienced and thoughtful therapist would ask, and so illustrates divergent thought; the answers given from the assertion-structured therapy viewpoint are, hopefully, clear.

What is this young client trying to do? What is wrong? What produces the symptoms? What are the remedies?

In a broad and general sense, the conflict is, as stated above, between self-assertions, on the one hand, and failure to get the assertions to yield expected results, on the other hand. More specifically this client had what was referred to—very advisedly—as a "superiority complex." For several meetings prior to this one there had been considerable discussion of whether the symptoms the client experienced derived from an "inferiority complex" or a "superiority complex." The therapist's position is, first of all, that the notion of a "complex" adds nothing useful to our knowledge and can very well be an awkward concept, confusing and far too general. The therapist took the position of calling the client's assertiveness a complex only in the most loose of senses and only for momentary communica-

children Mothers are not repressing diabolical, negative, rejec tive feelings, they are, on the contrary, saying that they are doing the best they know how but it isn t correct or good enough and something is awry— What is the matter? ' Almost any mother who hasn t already been intellectually brow beaten by the mass of depth oriented parent child literature—which she really doesn t believe but has little recourse from, it seems— will tell any therapist that she is doing as well as she knows how that her *intentions* are good and sincere and that she really needs to know something more germane than Go love your child more! The 'reactive states, as we might call them where parents reach impasses and then reject children momentarily (if they reject them at all) are not typical and are easily understood in interference theory terms, and they are relatively easily dealt with in assertion structured psycho therapy techniques This is not to say that all therapeutic efforts are successful, or that parents always immediately understand what the therapist has to say, but it is to assert that in principle the matters are intelligible and the courses of action are open, testable, and feasible

A few interviews usually suffice for a large majority of the population of parents seeking help with their relationships with their children One can see the implied movement taking place among these mothers in the fourth interview Furthermore these are hour long interviews, shared by four mothers (some times more), meeting once a month! If this structure can yield good therapeutic results, then it is worth nearly anyone s con sideration and study Why ' bleed" the patient, psychologically speaking, and spend hundreds of hours with material that is not germane to the problem? This is as antiquated a procedure as real bleeding of psychotics would be today in the face of our knowledge of human behavior Such a procedure takes us afield and places us squarely in the middle of so many doubtful proposi tions about man and human nature, and mind and personality, that science turns and walks out Possibly as many as 50 percent of the parent-child applicants to out patient child guidance

the same time to get enough of life first hand Often they have inordinately high expectations about what the attitude of others ought to be toward them Sooner or later, however the axe falls If their expectations are very strong or if the rebuff from life is (to them) extraordinarily brutal, then their disappointment, discouragement, and distress are tantamount to the first two conditions In plain language, they are sick If, however, either of the two—the assertiveness motivation (expectation) and the environmental disconfirmation—is mild or moderate, then, it is postulated, the person s discomfort is perhaps only neurotic as with this client [With the third client reported upon in this chapter, the story is somewhat different]

This young man will doubtlessly progress nicely and fairly evenly throughout the course of therapy At this writing he has had 15 or 16 interviews (the recorded one being the eighth) and is already solving some of the everyday problems that were some what too large a few weeks back This is not a spurious progress It is not born of superficial intellectual placebos pep talks persuasion but is born of exactly the kind of interaction re ported upon herein Constant effort is made by the therapist to be clear, to explain matters as he sees them to offer hypoth eses that the client and his life situation test daily, and to re vise and re test and extend wherever necessary There is no good reason why most therapy cannot be carried on in this above board manner with good results to be expected most of the time

The third case—that of a formerly psychotic middle aged client who had been hospitalized a number of times and whose life situation was not highly stable—was chosen for still other illustrative reasons

Mathematicians often test a new hypothesis by trying it on the most extreme and crucial examples In this spirit the writer has studied and herein reported upon the most disturbed per son available to him within local settings This person s therapy has not been going as smoothly as the first two therapies re

tion s sake, far more important in the discussion was the idea that the client was stating his great expectations from the world at every turn and his great expectations from himself similarly, and that he was failing to get the self reference ideas confirmed at expected levels The concrete behavior of expecting great applause when playing the piano, of expecting to get through difficult courses with no study or minimal study, of contesting the ideas of everyone in a variety of social situations where such contests were inimical to social exchange, and dozens of other in stances of these sorts all attested to the client s strong unbend ing assertiveness of a sort that was bound to conflict with others

Where did this behavior come from? This is not an easy question to answer it likely has no meaningful answer, for it is probably a meaningless question as phrased In a very general and loose way, however, the notion of assertiveness characteriz ing this client (superiority) was shown in a variety of present and past behaviors parent child relationships over the years, extremely high considerations of the client in school, and so on Currently it was shown in almost all the activities concerning this person Parents were and had been over protective, over concerned, too doting over accomplishments of the client, showing too much regard for scholastic abilities and too little regard for other areas of life Especially in matters of responsi bility—which is characteristic, it seems—this person was quite deficient in important ways Parent attitudes and attitudes of many peers gave rise to and reinforced the notion that the client was extra special, superfine, and there were two secondary effects I irst, the client felt it unnecessary to work hard to earn his way, because he had his prerogatives, his background, and his stamp of approval from nearly everyone Second, the notion led this client to expect others to treat him (her) accordingly and not to express ideas incompatible with the client s own self notions Others were to do the menial tasks, giving the per son his prerogatives because of his place and status

This client was an over protected (not a rejected) child Over protected children expect too much from others and fail at

and hypotheses (all used interchangeably here), and the 'cash value' of these vis a vis life The avoidance conditions that build up in terms of anger, fear, resentment, fear of anger, dis appointment, and so on, are slowly reduced in potency and the natural" assertiveness (the approach gradient made more real istic) is made freer, more clearly structured, more realistically channelled, with life and life expectations coming closer to gether

Although it is very difficult in a short space to document fully the differences between the present therapy and other therapies (psychoanalytic, Rogerian, and so on), one kind of recent (as yet unfinished) research illustrates a point Therapy protocols from Rogerian and psychoanalytic therapists were compared on the basis of the Bales Interaction Process Analysis (17 a) Roughly, the results to date indicate the following The present therapeutic role is two to four times as active as the average role of a group of both Rogerian and psychoanalytic therapists for a given unit of time (30 or 50 minute interviews), the interference theory position did not differ from the others in the percentage of therapists' responses showing passive ac ceptance, understanding, permissiveness the assertion struc tured therapy role was more than twice as active in matters pertaining to interpreting, analyzing, reasoning out the be havior of the patient, factual questions expressions of lack of knowledge, and so on, by the therapist, occurred about one tenth as frequently in the assertion structured therapy sessions as in the average session of the other therapies exploring and asking for elaboration of feeling occurred about one third as frequently in the present therapy These differences tend to reflect an over all difference in assertion structured therapy springing largely from its emphasis on problem solving in both diagnosis and therapeutic interactions

The present position allows the therapist, as the protocols below illustrate, to get a firm grip on the patient's difficulties early in the therapy and thus increase the likelihood of successful treatment

ported upon but this is understandable However, the general results are encouraging even on a once a week basis, and clarity is being gained as to the person s assertions and their failure to net expected results

From the standpoint of the theory promulgated here, this person s problems are basically the same as those of the mothers (and of the children of the mothers) and of the young adult client already referred to The 'sameness' resides not only at a theoretical level but also at a practical, therapeutic level The middle aged client is asserting that life should have been better, more rewarding, easier He should have had his name in lights long ago and now he is periodically reminded not only that his name is not in lights but that he is not even anchored in an everyday sense to life When this reality comes back to him in a variety of ways and with force and furor, he becomes increasingly discouraged and distressed All previous breakdowns, it seems, have come as a climax to months of try ing to cope with the difference between his plight and what he expected of himself

He was a much over protected youngster, standing very high in his parents favor and in the eyes of others who overdid —as we now retrospectively evaluate it—the matter of en couraging him to do great things and to aspire to be a great art ist This client s motivations have been great in one way, yet weak in other ways, and the disappointments have been large Over protection made him too dependent hence with recurrent and mounting disappointments, he capitulated and was hos pitalized several times What he has asserted, what he has been striving for, have had low probabilities of paying off More intense, redoubled striving has circled viciously into more failures, more self doubt, and life has become very strenuous

All people, it is asserted, whether they are mildly ill or severely ill, suffer in principle from the same difficulty The rem edy lies in structuring with the client as clearly as possible his assertions and the non productive results of his assertions— his expectations from life in the form of assumptions, assertions

Th Drawing of a line

Mrs C When she goes to bed now, when she kisses us good night, she says, Well, good night, I ll see you in the morning after the alarm goes off '

Th (Laughs) She has incorporated it in her own thinking (Group laughs) That is very interesting

Mrs C I don't know whether it would have worked so well if the children had been older but maybe we wouldn t have had this problem if they were older

Th Well, it may not have worked that easily that kind of thing with older children, but other kinds of things with older children would be more appropriate for them

Mrs C Probably if we had let it go on longer, too, it would have been different

Th Yes

Mrs C But it has been going on oh well, it seems like an eternity but actually it was only about five or six weeks

Th Well, you were lucky, I think, in that when you really locked the door they didn't bang it a number of times and try to get in anyhow

Mrs C Oh?

Th Yeah, that usually happens and *then* they drop out com pletely At the first try, it is a rather unusual change

Mrs C I was sure that C——, the little one, would follow M——s lead He always does does whatever she does and I was sure if I could get her to stay in bed that he would, too

Th He would follow through?

Mrs C Yes

Th Anything else that you noticed in the last month or so?

Mrs C Well, nothing in particular except that they ve both been sick

Th Oh?

Mrs C But that was not a problem with their behavior

Th That was the main thing you talked about before (Pause— then turns to next mother around the table)

Mrs L Well, I am rather ashamed to tell what I have to tell There was a birthday party for one of the children in the neighbor hood and everything seemed to be fine and apparently C—— was all set to go She realized several days in advance that another youngster was going and I guess she assumed that she would go with this child Then, at the last minute well, maybe an hour or two before the party, the other child got sick and couldn t go

PROTOCOL· PRE-SCHOOL MOTHERS' GROUP

Therapist Well, who wants to start? Shall we start here with Mrs C——?

Mrs C Well, you know you were right in the suggestion about locking our bedroom door in the morning when the kids get up Last night the last night, after I had been here the last time, I went home and told my husband and we decided to do it that night

Th This was just a month ago?

Mrs C About that So he said, 'Well, I have warned them I would but never locked the door Of course, he had been doing that for a long time—warning them

Th Been warning them but not following through

Mrs C But not doing it

Th But not locking it

Mrs C So the next morning sure enough, they were up at five thirty My husband spoke to them and then without a word he locked our door to keep them out of our room and then went right back to bed And they haven t done it since

Th Um huh

Mrs C They wait until the alarm goes off and then they come in

Th It was just—

Mrs C It was the most amazing thing in the world . I couldn't believe it We both feel like human beings again!

Th Yeah It's so simple that you don t think of it

Mrs C Well, we just thought that it was a little cruel to ac tually do it, but it was very simple They didn't complain

Th No?

Mrs C It was marvelous!

Th And it wis better for them It relieved them because it was definite

Mrs C Um huh

Th It wasn't just a vague threat that they had to test over and over, they found out you meant it

Mrs C That s right

Th But it was definite and clear And it is *not* harmful

Mrs C That's right

Th And it's what you needed—

Mrs C That s right . . and—

Th She threw you for a loop by pulling it

Mrs L She really did and I shouldn t say that she really carried on a bad tantrum I ve seen her and other kids do a lot worse but she started to fly around and beller around and stamp you know She really was having herself a time

Th Yeah

Mrs L One other thing was oh she did play Pin the tail on the donkey, so I think that pretty much settled that She never would before She is very proud of herself and she won one of the prizes which was very good for her helped her overcome some party shyness

Th Oh she is playing games more at the parties whereas before she used to be uncooperative and shy?

Mrs L That was her reason for not going this blindfold business

Th She didn t like that?

Mrs L But she went and *she played the game* and was very proud of herself for playing But just before she left for the party she kept saying I feel like fainting

Th She was sick about it?

Mrs L Well now we noticed that other things sort of get her stomach on edge—the coming of guests sometimes

Th The excitement?

Mrs L Yes is that a usual or normal thing for children?

Th Well it I guess when a child gets very excited they might feel they want to vomit or they may show their nervousness and upset in many different ways—

Mrs L Well we felt—

Th They are not sure of things one way or another

Mrs L The anticipation and excitement of going to the party you know We felt sure she wasn t really sick because she had been fine all day up to an hour before the party She didn t get physically ill

Th No?

Mrs L But we thought it was this other thing and so I was wondering if it was a good idea just to sort of ignore it

Th Yes that s better because see first of all from what we have said now and before about her she has been reluctant to do these things partly because she hasn t felt she was secure in the party—in the social situation—and partly because she hasn t liked to do what they did The two of them may be the same thing I don t know—it s the inner feeling of security that counts Then

She called us, or her mother did, to say the little girl couldn't go with C——

Th The party was still held at a third house?

Mrs L Yes Well, C—— just threw a fit! She stormed around and screamed and cried and fell on the floor and said, "I am not going to that party!" And she fought everything We just didn't talk about it we just didn t discuss it at all So I can truly say I didn t argue with her I just told her that if that's the way she felt, then she need not go

Th Ummmm

Mrs L And she started crying and talking about it and said she was not going I said to myself that if that is the way she wants to be we will just have to accept it Well, of course, the party was . well maybe an hour or two later and then, you know, she got ready after she calmed down I don't know whether it was because I didn't storm around, although I did get angry with her once

Th Well, she didn't whether it was that or . I am not sure either But she didn't get you to *do anything* about this other girl disappointing her

Mrs L Well—

Th So she had to cope with it herself

Mrs L No, I guess she knew there wasn't anything that could be done about it

Th That's what the tantrum was for, though to bring pressure on somebody else to do something about it It is not just an expression of anger, it is certainly that, but not just that It is partly, "You pull my chestnuts out of the fire," "You rectify this situation—change the world to suit me" and you can't do it I don't think it helped any, particularly, to have gotten angry with her, but the point was that she didn't make you do anything and she knew she had to cope with it if she wanted to go to the party, so she straightened out and went to it

Mrs L Yes, but it—

Th The same thing would have happened if you hadn't said anything, is my point You wasted your energy on that

Mrs L Yes, I sure did (Group laughs) Because, really, after wards, I thought, "Why am I going to Dr P—— if when something like this comes up"—I don't know what happened, I guess it was so sudden

Th Yes, well, you didn't expect it

Mrs L I didn't, no I really didn't I uh—

Th She threw you for a loop by pulling it

Mrs L She really did, and I shouldn t say that she really carried on a bad tantrum I ve seen her and other kids do a lot worse, but she started to fly around and beller around and stamp you know She really was having herself a time

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confronted with these doubts—she wants to go in one way, she has that motivation, but confronted with the real choice of going to the party coupled with the fact *you* couldn't do anything about it, and this girl friend couldn't go—left her a little bit high and dry Part of her anxiety was shown, I think, in her sickness, because she wasn't quite sure how she was going to cope with the party

Mrs I It was probably a very good thing

Th It was probably new to her—coping in this independent way—and it was good for her, too It was new and she was showing some willingness to go through with it, to face this prospect of playing games she didn't previously like, so there was plenty of reason for her, psychologically, to have been upset at this point

And the way a child shows the upset, of course, varies from one child to another

Mrs L Well, I just in looking back over it in the past *now* I wonder if I had been at fault on this party deal, because she has managed to get a rise out of me

Th Yes

Mrs L Probably sometime during the previous day before a party

Th At or during some preparation time before a party she would get a rise out of you?

Mrs L Yes, I think I know that I can look back and think of times when she has really gotten a rise out of me over party situations

Th Ummmm

Mrs L And would sort of needle me about it I wonder—

Th What are you going to do about it?" 'What are you going to do for me? —she was asking

Mrs L So I wonder if I had completely ignored the whole thing, if it wouldn't have taken care of itself before?

Th I think it might I think you got a good result as it turned out but I think you could have gotten better as good, maybe better as I said a while ago, without spending so much energy on your part Because, see this is a good example—the child here learns not from what you *tell* her any child not from what you tell her and try to get over to her verbally, but from what reality is The reality of this girl friend not being able to go and not being able to offer whatever consolation or friendship or protection the child would offer, the reality of you not being able to do anything about the party, the reality of her storming and still deciding to go, and the reality of going to the party and enjoying it,

playing the games—those are all highly demonstrative to her . . . of what she can do, how she can cope with situations. And you said she felt very good about it later.

Mrs. L. Yes.

Th. She was very pleased that she had stayed and played the games and had seen herself through to the end.

Mrs. L. Uh huh.

Th. So you didn't need your explanation, your getting aroused, as far as she is concerned. See what I mean?

Mrs. L. Uh huh.

Th. That's why a thing like Mrs. C——'s locking the door . . . you see how real that is? A locked door is something real, but a threat of a locked door that never pans out isn't real, so the kids aren't going to pay attention to it. They are going to test it, that is, if they are so inclined, and kids usually are.

Mrs. L. You know, probably from all the things that I have told you about her you realize that she either lacks in self-confidence or is shy or holds back.

Th. Yeah.

Mrs. L. And is not too good at handling new situations. Mrs. U——, her teacher, at our conference, said I ought not to do anything to encourage that. You know, that I ought to encourage her getting into games and groups.

Th. More sociability?

Mrs. L. No, she . . . I guess that is probably what she meant, that I don't encourage her to do more. I suppose the teacher really saw C——'s shyness, because she would say for instance, C—— would want to tell her something and C—— couldn't get it out; she would stop and start and hum and haw a number of times, and would hang her head and sort of wiggle, you know, and just talk so quiet that she couldn't be understood. If Mrs. U—— kept quiet and patient, then, instantly C—— would just relax and be more herself and then could tell the teacher what it was.

Th. Yes, well, she was doing two things: She, the teacher, was helping her to relax but she was also leaving it up to C—— to say. She wasn't coaching her, she wasn't stimulating her beyond her readiness—the teacher was saying by her actions, "I'm ready to listen when you are ready to tell me." See what I mean?

Mrs. L. Uh huh.

Th. That is, the teacher wasn't saying, "Well, now, was it about your kitty-cat?" or "Was it about your mommy or daddy?" and she wasn't trying to get her started which would have been carrying the

ball for her She was saying in effect, "I would like to hear it, you tell me but I will wait until you are ready '

Mrs L Well, now—what can I do along those lines?

Th I think anything that in general that you can do well, let s put it two ways On the negative side, or on her negative side, to avoid being drawn in like in the party situation being drawn in, being involved in her emotional displays if something happens that displeases her Don t try to pull her chestnuts out of the fire or try to talk her out of her feelings—just let her cope with it, get over it

Mrs L Just kind of let her go?

Th Just let her go ahead and storm and get over it

Mrs L She's doing a little whining around at home, it has rather annoyed us and then I have heard people say, ' Well, it s good for them to go on and whine at home, you know,' but they feel that s preferable to whining outside the home

Th Well, if they feel that way it is better to have them do it than it is to try to stop them, that's certain But on the other hand if the child s whining and fussing and so on is an attempt to get the parents to do something and knuckle down—

Mrs L It is—she told me it was

Th Sure, that s what it is—usually Then, if you don't give in, she will get over it She ll know that it isn t going to get her what she wants and she ll quiet down, then she won t need to fuss Then the other thing I was going to say, the second point is, when you are showing interest in her and when you are doing things together and so on, be careful that you don t give her too much rope don t give her too much excess attention, don't make her think that you are her equal, that you re losing your status as a parent or that ' anything goes So that she isn't inclined to want to use you or want to depend on you too much For example, I know one little boy about four who likes to wrestle with his daddy and he just never wants to quit, which is very typical When the father doesn t want to wrestle any more then the boy gets mad and he will slap at the father or fight him or say things to him—

Mrs H Yes, we have that at home often What about it?

Th Well, the answer is to restrict this play or to carry it on in a way, if you can, that doesn t say to the child I am completely accessible to you, there aren t any boundaries here, you can make any demands on me you want to and if I don t acceed to them I am really not fair "

Mrs H How do you establish it?

Th Well you don t establish it as easily as I have said it—that s the *goal* I think one thing you have to do is have some—suppose you would first need to cut down on the number of episodes that get used that way, where the child is trying for too much access

Mrs H Just to give you an example our son is always doing this—he s three and one half I always tell my husband to stand up and quit the wrestling but he doesn t, and I hear an almost four year old argument on both sides

Th Yeah

Mrs H I could almost die and I say his position gets weakened by his failure to get up and say he s through but he feels he should make his point by sitting there and having E—— sulk

Th That s a good point to make

Mrs H Is that asking too much of E——?

Th Well it isn t asking it isn t asking too much, theoretically, for him to understand but it is asking too much in terms of his control

Mrs H They form a truce his daddy just wants him to go to something else or to get away

Th Get out of the child s psychological field or, as you say, stand up which is a way of terminating it just as we do socially when we terminate things and somehow put finality to it And that may be what happened with C—— there (referring back to second mother, Mrs L)—that there isn t enough finality on some of the situations where there is a cordial good feeling but which gets carried excessively far, at least in the child s expectations Do you see my point?

Mrs L Ummmm The poor thing she doesn t get much attention any more—she tells me that

Th Well, the fact that she tells you that may mean that she still hasn t coped with whatever changes your attention pattern has shown toward her

Mrs L Could be

Th She s still smarting a little bit and she thinks that if she puts enough pressure on she could get more her way

Mrs L She ll say her baby sister—B—— —gets all the attention

Th That s a good way the child has of getting under the parent s skin You love the other one ' theme.

Mrs. L. Another thing I said to her is "When you were B——'s age you got the same attention and more because you were the only one—when they are this age, you must do for them."

Th. Well, what would happen if you didn't answer her, just said "Ummmm" or "Oh yeah!" or go right on without registering her comment?

Mrs. L. Well there's the big fault. I apparently copied a friend of mine. She found that her two were beginning to whine and fuss for attention and to have their way—she found that if she explained everything to them in detail, it worked. So I started off on the wrong foot with C——. I can see many situations where I was set to tell her all these long tales—

Th. Yeah—

Mrs. L. Of woe, and talk, talk, talk, talk; where I find now . . . I mean I have found many times, even lately . . . I say, "Well, you can leave and come back when you can talk to me right."

Th. I see. (Pause.) You can explain all these things to the child and the fact that you try makes them feel that you think it is legitimate, and that you are trying to answer them. But *they* really are carrying the ball, *they* are pronouncing judgement on it and if they don't understand they just make you knuckle down further, and give more and more—even endless—explanation.

Mrs. C. (*To Mrs. L.*) Well, just by sitting down talking to her and trying so hard to explain is giving her the kind of attention she's demanding.

Th. That's right. You are giving her time she demands and you are saying, "Yes, I am acceding to your request, it is reasonable," instead of saying, "No dice, I don't feel called upon to explain the affection pattern between you and your sister or brother or anybody else." "It is *no problem*" is what you should say or what you should act out. "It is not an issue."

Mrs. L. That talking business is a big one.

Th. It can be—it can be a big mistake to do too much of it.

Mrs. L. I know I have.

Th. They expect more and more of it and finally you never can give them an answer because you can't talk enough to satisfy them.

Mrs. H. I have an awful time—E—— always says, "Don't talk to me, don't say it," if I try to explain anything. He says, "I don't want to hear it."

Mrs. L. I have had that, too!

Mrs. H. Why, he'll holler—

Th. Well, he's *telling* you the same thing!

Mrs H But I want to tell him, I want to explain

Th We have a child here in therapy who does the same thing, who just closes his ears if the therapist talks too much or seems like his mother to him in a nagging way—

Mrs H Well, why?

Th Who, in this case, happens to be a woman, and has in the past apparently reminded him of his mother because she yackety yaks at him too much And he just doesn t hear Another kid I know of—has a hearing aid—turns off his hearing aid (Group laughs) It was a beautiful way of drowning out the words

Mrs H But I have never been able to say anything to E—— I can't satisfactorily give him an explanation He will walk away and it seems to me he is almost closed to anything I say

Th Yes He probably has had more than he wants and so he says, "Cut it off—I don't have to listen to you"

Mrs H Then I should just quit?

Th Yeah—

Mrs H But I am trying to stop—I am saying, "You just ought to listen to me, E——, I am not going to do this or whatever it is" I should just not fall into this trap, then?

Th Show what you are going to do or not going to do by actions and that s a lot better than countless words Again, just like the door locking Now the beautiful part of it is that the door locking was very simple and got over immediately A lot of these other situations aren t quite that simple and won t get over that fast, but they will get over if you can maintain your position If you don t yield

Mrs H Well, I ll have to change—

Th It is easy to talk too much to children

Mrs L My husband does better Oh, I don't know he's so calm and wonderful after wrestling around with her But he cracks the whip, too, many times! I mean this bedtime issue and this eating issue—if it hadn't been for him, I don t know where we'd be

Mrs C Well, the beauty about the husbands is that they are in the home so little compared to the mother that they can be more lenient than she and also more stern, and the children will readily accept it

Th They aren't so—

Mrs C Its either or—

Th That's right They aren't as watered-down as the mother in the matter of control

Mrs C And the kids never push him as much as they do me.

Th That's right They don t have as many repeating and conflicting relationships with the father as they do with the mother. Shall we go on to your situation, Mrs I——?

Mrs I Oh, I was discussing chores last time—

Th Chores?

Mrs I And the difficulty I had in getting my ten year-old to work (This mother has two older children as well as the preschooler who gave her entree into this group)

Th Yeah

Mrs I And then I went home and told him, "You will do the dishes three nights a week, and his seven and a half year-old sister would also do them three other nights a week They made a terrible fuss about it They complained and they grumbled that we are unfair, and so terribly hard on them And I stood in the kitchen and I said it was just breaking my heart, and they washed away and they got so they do a bang up job Really, it is fantastic! I didn't think that a seven year old would ever be worth a bean at any household chore (Group laughs) That's because she's been the laziest, most temperamental, ornery kid that ever drew a breath . . and we cracked down on her all over in every area and—

Th What does your husband think about them doing the chores?

Mrs I He s been out of town lately It's fantastic the change in our *little* girl, too

Th Uh huh

Mrs I She starts to grumble, she starts to cry, and I say, "Golly, if I only had ten minutes to get that done and see Hopalong Cassidy, I wouldn t waste any time crying " And she wipes her face off and mops those dishes off and she hasn't missed a program yet It is just funny it certainly has taught me a lesson I think our whole trouble has been that we have been afraid of being mean

Th Yeah You have been afraid that you were going to hurt them if you made them mind or do something that you want them to do But, actually, in the long run, you probably do more damage by giving in all the time because it is teaching them that you *will* give in if they are clever enough to get around you Rather than letting the axe fall on the requirements, you keep giving in

Mrs I Well, we can see it Or, at least, I can see it in this week so clearly because it is our two big ones that we have had the problems with, and we have always been so patient and explained

everything, hour by hour to them And with the last two, we just didn't have time so I think that Mrs U——, the teacher, discussed D—— with us when there was some discussion about putting her in the first grade

Th Oh, yes

Mrs I She is so well adjusted Really!

Th I remember that

Mrs I And F—— is he s kind of active, but he is a happy child, and we have just never taken the time to do all the talking to those two, and they are much better off because of it

Th You certainly can talk yourself to death to them

Mrs I I guess we do it, too I think what happened with O—— was that she was born two months before we lost another child who was only — months old, and we both I m afraid kind of spoiled her—

Th Yeah—

Mrs I Because of losing the child

Th Sure

Mrs I I don t believe it was conscious exactly, but I think we both were trying so hard to fill up that space

Th Sure

Mrs I We kind of went overboard on it

Th Well, it is easy to overdo that with children It is often true that first children get more of this than second or third or fourth children Or sometimes if there is a long gap between, say, a first and second child, the second child gets treated over again the way the first one did Or, maybe, as with one family I know, there are two older ones who are about seventeen and nineteen and then ten years later comes two more Well, it is just like a new family, almost, as the father said the other day And don't you know the older of this younger group is the first child, as it were, and is the one that they have the trouble with

Mrs I It s like in —— s family I know of—there are two very close together and thirteen years later there was a little girl—the worst spoiled child I ever saw No good today at all!

Th That's often right

Mrs I She is!

Th Uh huh

Mrs I Makes more requirements than all the brothers and sisters combined!

Th Yeah

Mrs I Well how far can you go when children are grumbling about these things? How far can you go in letting them get rid of this by talking about it?

Th Oh I think you can let them do a lot of grumbling for this reason If it doesn t get you to do anything it won t last long Providing it doesn t get you to do anything and providing the task they are supposed to perform or obligation they have is reasonable If nothing yields they will get over it pretty fast and even if they don t it is harmless by and large Just a little grumbling and then they go ahead and do it so it is all right You can say *something to* them if you are so inclined Well it makes you mad because you have to do this but you have to do it anyhow or similar words

Mrs I Last night when C—— was washing the dishes he was just furious He had gotten oh he had made cookies in the afternoon and then he just dumped all the cookie pots and pans all over the sink and it was too bad for him but it was his night to do the dishes and I just left the whole stack and by the time he got through with the dinner dishes for —— people he had quite a tidy little mess there So he got the dishwasher full and found out and then he was all for taking off and leaving all the pots and pans I said Gee it was too bad you hadn t done the cookie pans in the afternoon—it just made so many to do at night and he just bellowed at me like a bull

Th As if it were your fault?

Mrs I Yeah as if it was my fault So I just let him bellow—

Th Just grumbling but still he was working?

Mrs I Yeah he was working along and muttering to himself My mother stinks What s the matter with her making me do these? and just going on Really it was awfully funny

Th He was partly mad too because he couldn t get a fight out of you

Mrs I I think that s wonderful that they can t get a rise out of me now—

Th It irritated him That s about ninety percent of it—

Mrs H That reminds me!—I let E—— have a tantrum last night for a full half hour which I usually can t stand and I kept minding my business I didn t think I could stand it but I decided to ignore him and I did I don t know what the neighbors thought thought I was beating him I guess I wasn t doing a blessed thing he was simply ranting and raving Well this was when we were waiting for my husband to come home to supper—that horrible half hour—and by golly tonight before his supper, during

that same half-hour, he went into his room and dug out his trains. He was just a little angel.

Th. Ummmmm.

Mrs. H. We didn't do anything about it last night—his screaming, and I couldn't get over it . . . but I'm not sure my nerves can take it. I must have been feeling particularly good yesterday that I could let it all go.

Th. Well, you have to pick times when you *can* take it, or pick episodes when you can take it. If you have any choice—and you can find a choice if you stop and think about it—so that your ability to withstand it puts you over the hump, so to speak, and then the next time it comes up half the battle is already won.

PROTOCOL: EIGHTH THERAPY HOUR OF A COLLEGE STUDENT

Patient. I had a hard time getting to school this morning.

Therapist. Oh you did?

Pt. Couldn't get out of bed.

Th. This is pretty early for you, eh?

Pt. It is bad on Saturdays but on school days it is just misery. Ah . . . Saturdays and Sundays. The main thing I want to talk about today is responsibility.

Th. Yeah.

Pt. You've been saying it is a matter of my thinking something else is more important—

Th. Momentarily—

Pt. Well, even momentarily . . . well, the only thing I can say is . . . well, the . . . I just can't see this.

Th. O.K., what's your notion about it?

Pt. The only thing I can see is . . . ah . . . and it seems very obvious to me . . . Well, this one course, B——, is giving me trouble and I'm afraid of it. I'm afraid because I know there are a lot of other smart people who are going to get A's, and I don't think I can get an A.

Th. Shying away from the competition?

Pt. Yeah . . . because I don't want the superiority notions I have disconfirmed.

Th. Yeah.

Pt. But . . . ah . . . it certainly is a compulsion . . . it certainly is . . . I mean . . . if I were doing something like watching

TV, that would be fine . . . but I'm sitting there thinking I *gotta get to the work,* I *gotta get to the work,* but I can't, but I can't . . . then . . . I mean, doing nothing certainly isn't more important than doing something like studying—

Th. But you are doing something, you aren't ever doing nothing, are you?

Pt Well, I mean—

Th. You're delaying, or you're saying "I can postpone it," or momentarily you're saying it isn't quite *that* important although the long-range is important—the grades at the end of the semester, or your preparation as a pre-law student. But isn't your momentary behavior one that says "This can be delayed," "This can be pushed back," "This can be handled some way other than studying it right now"?

Pt. Well, the behavior, I guess would indicate that . . . but, as far as what I've done, what I see in myself, it's a definite compulsion. Here I have so much home work, I'm so far behind, how am I going to do it?

Th. Um huh.

Pt. How am I going to start? I have so much to do I don't know where to start.

Th. You have so much to do?

Pt. Yeah, then maybe I could just get up and walk around . . . and think about it and get my wits together.

Th. Well, now do you say something like that when you have a long distance to go? Travelling? You don't say, "Oh, it's so far I can't get started—I'll never get there" . . . because before you could get there you'd have to take three steps, before I can take three steps, I'll have to take two, and you can pose the problem of Zeno's arrow here and never get going. That's the problem that says that before you can shoot an arrow a given distance it has to travel half that distance; before it can travel the remaining distance it has to travel half *that* distance, and so on and on, and the arrow can never reach its destination because it always has half the remaining distance to go.

Pt. Uh huh.

Th. Maybe you kinda look at your B—— course that way?

Pt. Uh huh. But I should look at it different . . . I should get going.

Th. But you don't look at travelling . . . going some place that is important to you that has no conflict connected with it, no

alternatives . . . you don't look at those tasks that way . figure out how far you have to go before you get there and let that discourage you—

Pt You mean thinking beforehand how much there is to do?

Th Um huh "It's so overwhelming I can t do it—I ll do something else," you are saying—"It's just so much, I can t compete with these people, I'm behind already, so why knock myself out, it s all settled, it's a lost battle"

Pt Of course, if I were going to Florida ah and my parents wouldn't let me have the car I'd see it was too far for me and therefore I wouldn't go

Th That's right, the alternative in the conflict of not going would be so overwhelming you wouldn t pursue the goal The alternative to going would be so important and that s what we're saying here with respect to your study of B—— the alternatives are more important, however momentary they are, however weak they seem to be as you think of your ultimate goals like grades at the end of the semester (Pause) You see my point?

Pt Uh huh Course I don t see how I can get rid of these

Th Well, let's talk about it from that vantage point now What you're saying is it's not important for you to knock yourself out in a situation where you're behind If in a race you fall behind, your tendency is to give up if you cannot gain enough ground to win Or to let it slack so much that there s no conflict any more, no contest—you're out of it There are too many people competing with you in B—— that are doing better than you, so you're saying "O K, I'm so far behind I can't compete with you people, so I ll just call it no contest" But that's a choice, isn't it? That's an assertion that's the choice that says that's more important than staying in there and battling it out and doing whatever I can, or retrieving my losses, or whatever (Pause) Does that get over to you at all?

Pt Why yes, sure Actually, though ah ah though I may think that, calling it no contest, it actually isn't any contest—

Th But there is—

Pt Yes there is—

Th There is in reality as far as your matriculation in the course is concerned and it is in terms of your own reality as the course and the semester move on But *at the time* you're supposed to get down to study you find something else to do because these other "something else's" are more attractive, more compatible,

TV, that would be fine but I'm sitting there thinking I *gotta get to the work,* I *gotta get to the work,* but I can t, but I can't then I mean, doing nothing certainly isn't more important than doing something like studying—

Th But you are doing something, you aren't ever doing nothing, are you?

Pt Well, I mean—

Th You re delaying, or you're saying "I can postpone it," or momentarily you're saying it isn t quite *that* important although the long range is important—the grades at the end of the semester, or your preparation as a pre law student But isn't your momentary behavior one that says "This can be delayed," "This can be pushed back,' 'This can be handled some way other than studying it right now ?

Pt Well, the behavior, I guess would indicate that but, as far as what I ve done, what I see in myself, it's a definite com pulsion Here I have so much home work, I'm so far behind, how am I going to do it?

Th Um huh

Pt How am I going to start? I have so much to do I don't know where to start

Th You have so much to do?

Pt Yeah, then maybe I could just get up and walk around . and think about it and get my wits together

Th Well, now do you say something like that when you have a long distance to go? Travelling? You don t say, 'Oh, it s so far I can't get started—I ll never get there' because before you could get there you d have to take three steps, before I can take three steps, I'll have to take two, and you can pose the problem of Zeno's arrow here and never get going That's the problem that says that before you can shoot an arrow a given distance it has to travel half that distance, before it can travel the remaining distance it has to travel half *that* distance, and so on and on, and the arrow can never reach its destination because it always has half the re maining distance to go

Pt Uh huh

Th Maybe you kinda look at your B—— course that way?

Pt Uh huh But I should look at it different . . . I should get going

Th But you don't look at travelling . going some place that is important to you that has no conflict connected with it, no

. . . the superiority notion, that I don't have to study, that I actually can almost get along miraculously (laughs)

Th Yeah That by virtue of your ability and your technique of learning without effort that you can, in this case, too, get along get by here, too

Pt The trouble is ah even if I do have this ability to this extent, I am faced with a situation in which my class consists of other people who can do the same thing—

Th Who have similar abilities—

Pt But who also work (laughs) on top of it—

Th Right!

Pt So I've gotta work in order to compete

Th That's right and we *infer* the strength of this notion by how much effort it takes you to overcome it in order to solve a problem—viz, satisfactory grade in this course Now we couldn't stand off at a distance and look at you and say this assumption had such and such strength We have to test it indirectly by your capacity to overcome it if it's very hard for you to change it, it may take a while If it is easy, it may give way in a short while We don't know—we can only tell by testing its strength

Pt Well, then ah there isn't any other notion of mine ah that is entirely different from the superiority notion that ah is possibly also active?

Th Well, there could be I don't know at the moment If there were, it would be possibly a matter of examining to see whether it was subsumable under the superiority notion, or whether it was some other notion we hadn't discussed to date In a way it is kinda like qualitative analysis in chemistry, or a diagnostic effort of some kind You eliminate and successively approximate a satisfactory and workable notion of whatever it is you're dealing with It might be that *discouragement* comes in when there is real clear evidence of a disconfirmation of some notion And that may be a function of how severely the notion is disconfirmed and how important the matter is that you're dealing with such as the B—— course in law If it were a course in First Aid it might not make any difference But I would think that the discouraging part that you experience when you go to class when you try to study when you see others ahead of you, is an indirect measure of the strength of the superiority notion and the amount of disconfirmation being fed back to you

Pt Well, now there's also another item that belongs in the circle—at least I think it does—

stronger at the moment, they have less conflict connected with them and so on (Pause) That's part of the business of your responsibility and self discipline, isn t it?

Pt It s all the same thing

Th Yeah All part and parcel (Pause) You're saying, "I'll get in the contest when I can win, or when I can achieve the high level performance I deem my prerogative . but I won't . if there s anything against me I mean really formidably against me '

Pt Well, now ahem this attitude why do I have this attitude? I mean, it can't be explained any more than just that I don't want the superiority notions disconfirmed?

Th Well, what do you think? You have any ideas about it?

Pt No I don't

Th Aren't there groupings of ideas you have about yourself which we might say converge on this central notion of not having sufficient 'spunk' in some situations, not taking responsibility? We could draw a circle here and call it 'responsibility" and underneath it we could say, "Don't wanta get up in the morning," "Don t wanta study when courses are hard"—

Pt Don t wanta get a job—

Th Don't wanta get a job—might enumerate a half dozen or a dozen of those Now then, converging into this central circle which we can call characteristics of you, are a number of supporting notions a number of historical facts, a number of generalized assumptions or attitudes you have which are of the order of "It should be easy for me to achieve high level performance without too much effort ' Now you could subsume under that "high school performance and grades,' "record over the past semester in college" when you pulled your chestnuts out of the fire by lots of 'round the clock study Then you could find other instances—"My parents have been oversolicitous', "they have, in their over solicitousness, taken responsibilities I should have taken " Things here like dress, hours, friends, practicing, any number of things You could go all around this circle with all these spokes leading to the center, and we could enumerate large categories and under each one we could subsume anywhere from two to a dozen items So . . . ah . . it is not quite as simple as just a statement of "no responsibility," because when you break it down there are large numbers of items and they are all related

Pt And the strongest notion leading into the circle is . . ah

Th I don t have to take much responsibility for things because they come easy (Pause)

Pt (Pause) There s no more we could say about it?

Th Well I think there is more to say about it in the sense of talking about concrete experiences in trying to overcome this and further delineation of how you re actually making this kind of choice, and how you re actually asserting this in a myriad of situations Are there other ways in which you do the same kind of thing?

Pt You mean I should ah when experiences turn this up I should bring them in for consideration?

Th Yes Do you get mad quickly if something doesn t work like your car, or some mechanical thing?

Pt You mean do I?

Th Yes

Pt No, I don t If the car doesn t start I m very calm about it it s getting later and later when I should be going to school I know I m going to be late and I should get there on time but I ll get the car to rolling and get it out in the middle of the road, flag somebody down and get a push—

Th And get going then?

Pt Yeah

Th Well this fits too easily with delay in going to school with your responsibility pattern Let s take something where you really want to get some place or do something where you have a real strong investment what happens there or if your parents block you?

Pt Yes well then the sparks fly

Th Yeah

Pt Well now how does this fit with the rest?

Th Has something to do with impatience doesn t it? If you you have impatience with the instructor if he can t talk about what you re interested in You can t fight with him—like your parents—so you go to sleep You can fight with your parents when they have an effect on your momentary expectations

Pt You think going to sleep is more I hadn t thought about it this way you think going to sleep is more ah something I m doing against the instructor or something I m doing to protect myself

Th Well they re two sides of the same thing You re saying This is not sufficiently important for me at this time—to pay attention—so in one fell swoop so to speak you re discounting

Th All right

Pt When I go to class and I I've been observing this now some time and I think it's true when I go into a class and the prof is lecturing about something that I haven t caught up with in class—

Th On that particular day, or the course in general?

Pt Well ah either—

Th You re lost for the moment?

Pt Yeah—and I know that others aren't, I have a tendency to go to sleep

Th Isn t that like studying B——?

Pt Yes, and also like trying to get out of bed, too!

Th Uh huh

Pt I mean . . . it's . . it's all . . . it belongs to the circle, I'm pretty sure

Th Yes I won't take the responsibility, I won't go to work, if there's the slightest indication that I m behind, is what your actions say, if I m not leading the pack or not near the top

Pt That's right

Th Nothing is worth an effort if I can't win, is what you're saying

Pt And that might give an indication of how strong the notion is—

Th Sure does—

Pt Just not being able to keep awake . I mean I struggle along and find all of a sudden I am writing in my sleep and I'd wake and there'd be a kind of scribble there—

Th It would really be bad

Pt I . I imagine it's pretty strong

Th Yes, I imagine it is too The fact that so many things that you now regard as more crucial are being brought to bear on this general notion shows how strong it is—things like not being able to get up in the morning, not being able to study, not being able to stay awake in class . and so on

Pt Uh huh (Pause) There's another thing, too Ah . if somebody is trying to tell me something, or ah . if some prof is lecturing, or something like this . I don't know what he's talking about I find I'm unable to put forth effort to understand him I don't want to admit that I have to put forth *effort*

Th Things must come easy for you That's kinda the other side of the responsibility notion

Pt. Uh huh.

meet the challenge roll up your sleeves and all that kind of thing you say in effect Well maybe so but I m just not this doesn t count, I m just not playing those guys can talk all they want I got something better to take care of (Pause)

Pt Well, when I m trying to get down to work and I m sitting there thinking ah I know I have to get down to work why can t I—what is actually going on? Oh that s right you said it was a long range matter?

Th Uh huh

Pt I imagine that there s a certain amount of hysteria about the future—

Th Uh huh

Pt What the future s going to bring builds up tension and so forth

Th In fact you re using this as a way of building up tension hoping that will motivate you You re almost doing it that way fact I think you are You re saying I ought to be concerned here there is going to be an end to this semester there is going to be a day of reckoning I ought to buckle down now while I have a chance But that isn t sufficiently powerful to overcome the other part of the conflict which is momentarily as we have said evidently, on the face of the thing and in terms of the behavior you show stronger (Pause) What do we all do? We motivate ourselves all the time by dire threats of the future of future demise of some sort or another

Pt And I provide my own

Th And you do too as we all do But that doesn t quite motivate you it only makes you more anxious makes you feel guilty

Pt My parents use the same method

Th Yeah—

Pt And it doesn t help me there either

Th But you can deal with that even when you say it to yourself

Pt That s right (laughs) I can put it out of my mind

Th And the fact that you can call on yourself in these ways gives a token kind of discipline yet doesn t pay off and that s when you have your inferiority feelings discouragement disgust and so on At subsequent times when the payoff comes then you aren t ready

Pt In other words this method of driving myself to ac complish something namely saying it s gotta be accomplished

of uses of words that produce neuroses, I imagine. I mean . . . just use of "good" and "bad."

Th. As a student of philosophy and science, you know how language structures thought, or maybe how our whole thought system is reflected in language and how we have to overcome it in science if we want to be more precise. And we have to overcome it in the same sense in our own individual lives if we want to be more efficient, precise, happier, more comfortable, and so forth.

Pt. This raises the questions as to whether, philosophically, there is any such thing as free will. But . . . ah . . . actually, I guess this doesn't make any difference because . . . ah . . . that's a problem I always realized there was something *wrong* with the problem—

Th. There certainly is.

Pt. But I had never been able to figure out exactly what it is other than . . . than the words "free will" themselves . . . it's kinda of . . . just doesn't mean anything.

Th. That's right—

Pt. And if we're talking pragmatically . . . there's a very definite meaning to a choice here and now.

Th. Uh huh. And the choice is always a function of the probabilities that exist that are associated with the choice. By probabilities I mean various courses of action.

Pt. Uh huh.

Th. Now in a very rough sense you have two courses of action: to listen to the professor or to go to sleep—

Pt. Yeah.

Th. Or to study, or not to study, and so on—

Pt. Yeah, uh huh.

Th. And . . . what we do we . . . we become more precise and more efficient in understanding what your choices are and the fact that you're actually *making* a choice and the fact that you're actually *supporting* your choice with a number of other notions that almost pre-determine the choice in a sense.

Pt. Uh huh.

Th. Now . . . what you're also saying is "I'm not satisfied with this choice—I want to make another." So what we have to do then is call these general notions that you're following into question and ask, "Are they sufficiently . . . ah . . . accurate or adequate in this kind of situation?" and the answer is, in the abstract, no. Then, the practical question follows: "How do we change it, what

look what's going to happen in the future if doesn't . . . and so forth . . . threats. I've kinda taken all the effectiveness out of this method because when my parents used it I . . . ah . . . worked at trying to make it ineffective.

Th. Yeah, I think that's certainly part of it.

Pt. And I wonder if there's a more effective way to get myself to work? (Laughs.)

Th. I think there is. Ah . . . there's several reasons to say that. One is . . . you first have to realize that "something doesn't make you *not* study."

Pt. (Laughs.) I see. (Laughs.)

Th. There isn't something here—a block, or some *thing*—that is keeping you from studying . . . as we carelessly say in everyday thought, "an emotional block." You're making a preference . . . you're making a choice . . . and you're asserting something . . . which has the longer-term effect of you not studying and not achieving in a particular way.

Pt. Of course, isn't this the same as what is usually meant by an emotional block . . . but actually that any emotional block *is* like this?

Th. Well, the point is . . . that I'm making is that there is not some thing . . . ah . . . like a stone in the road that will let you study if we roll it out of the way . . . that will then let you with your energy and behavior flow smoothly. You're making a *choice;* it's like a fork in the road, instead of a block in the road, and you're taking the right-hand fork, if you will, instead—which has all these complications—instead of the left-hand fork which is the more responsible, efficient, direct kind of action.

Pt. In other words . . . it's as if a person did have an emotional block . . . ah . . . the therapy for him is to realize that it is a matter of his making a choice rather than there being actually something to prevent him.

Th. That's right. I don't think there is any such thing as an "emotional block" in the stone-in-the-middle-of-the-road sense. It's always a choice.

Pt. Of course the person's imagination builds this up.

Th. That's right. It's a language error—

Pt. Yeah.

Th. It's a faulty *representation* of behavior in language terms—rather than a particular kind of fact that you overcome.

Pt. There are all sorts of words in our language, and all sorts

reason why I have them but the reasons why I don't want to give them up now that I have them

Th Well, they're very satisfying and that's a good reason why you don't want to give them up, isn t it? And there are plenty of times when they work, when they're true And we know from a vast amount of information in psychology that, to use the concept of "reinforcement,' that things that are like habits pre dispositions things that are only occasionally reinforced some how build up strongly are very hard to overcome Somehow, built into the casual or infrequent reinforcement is a kind of—

Pt Desire for more?

Th No, it's a kind of taking into consideration that you don't have to get reinforced every time and that doesn't disconfirm every thing

Pt Oh (laughs), I see what you mean

Th And sometimes it's harder to extinguish behavior that is only occasionally reinforced than it is to extinguish behavior that was every time reinforced Because the discriminations are easier and clearer And you only have to be occasionally reinforced or any organism does in your superiority notions, or any habit or behavior, in order to keep it going Now then through generaliz ing our understanding we can we can kinda discount some occasional confirmation we get For example, suppose you're talking with a friend and he s very impressed with your knowledge of philosophy and he gives you lots of pats on the back and builds up your esteem You can say to yourself that you don't have to believe that entirely "I may know some things but I know he isn't too good a judge," or he may not be able to pass good, clear judg ment on what you know So you can say that you just won't follow this and use it as supreme evidence of your great wisdom and su periority, but make it count much less So if you undermine your own occasional reinforcement through greater wisdom about your self and knowledge of what you can do, you won't be as gullible, as subject to these casual things (Pause) I ollow me?

Pt Well, I don't see now how you were saying at first how casual reinforcements were sometimes more reinforcing than—

Th Than consistent reinforcement—

Pt Uh huh You're saying, then because . . . ah . . . because . . . you're much more critical of casual reinforcement . ah that amount of reinforcement you do get you're much less likely to question later on If you were going over a math problem . . real

do we do about it? and that's exactly where we are right now—

Pt Yes

Th We're involved with just that kind of question

Pt Yes (Pause) I wonder if maybe if maybe . these notions if I had possibly the notions of superiority and don't want to get rid of them for some reason? I mean that would explain why or rather, it would put the reason a little further back why I would react to any disconfirmation of these notions

Th Un huh Well, I don't think it's entirely a matter of wanting to get rid of them we don't—

Pt Well—

Th We don't want to get rid of them, we want more to temper them, we want to make them more realistic

Pt But I mean suppose, actually, we found that I did not, could not get rid of them—

Th Could not reduce them?

Pt Yeah Wouldn't it be an indication that somewhere these notions were ah backing up something or protecting something or keeping up something or caring for something I didn't want uncared for, that I didn't want lost or or unprotected?

Th Well, I don't think we have to assume that there are still more general assumptions unless we find that the ones we're working on don't do the job We don't cross the bridges until we get to them

Pt I guess what what that would be in the Freudian sense would be the basic inferiority complex

Th I suppose it would

Pt But if we can ah by going over the superiority notions, showing how they apply, if we find I can live O K and get along O K with whatever degree of inferiority I have without the superiority notions bringing them up or, rather without protecting me from them—

Th Uh huh

Pt Then ah there'd be no ah necessity of going into the inferiority notions

Th Well, the inferiority notions that we're talking about are a by product, as it were, of the superiority notions not getting confirmed at the level required

Pt Oh ah I was thinking of something, some reason why I have these superiority notions . or not necessarily the

have carried a notebook to write down exceptions to his notions, which is a real, wonderful thing in thought. (Pause.) We're all careless about this kind of thing. (Pause.) Actually . . . what we do in therapy and what we do when we discuss this . . . these conflicts and problems that you have, we . . . ah . . . we examine these disconfirming instances and the confirming ones and see whether we can bring them together at still a higher level of organization, because as they exist on a lower level, so to speak, there's too much conflict between them and that's what produces your discomfort.

Pt. (Long pause.) So in other words what we've gotta do . . . ah . . . is . . . let's see . . . put different facts together . . . ah . . . for instance how I'm doing in B—— and in P—— . . . how I'm meeting all these problems, and then . . . ah . . . work on them with new notions of what my actual abilities are. And . . . ah . . . rather than the old notions of . . . well . . . being able to do everything.

Th. That's right . . . some kind of old notion of blanket superiority that covers the earth.

Pt. Yes.

Th. Because no matter how superior one is there are still . . . ah . . . ah . . . let's put it this way—a profile of his abilities and interests wouldn't be a straight line; it would be . . . ah . . . it would have "ups" and "downs."

Pt. When I got my aptitude tests . . . ah . . . ninth grade I think it was . . . the line was pretty much straight.

Th. Yeah.

Pt. And that, of course, helps to give a blanket superiority.

Th. That's right. But you understand now how that happened?

Pt. Well . . . I . . . I guess I don't know what you mean—

Th. Well, let's assume you were very high . . . above the 95th percentile . . . or something . . . and that would mean that the ceiling was relatively low for your comparison group and for the test you were studied on, and so on. If you raise the ceiling higher, with senior high school students and college students, or graduate students, then the individual differences within your range of ability would move upward too, show up more clearly.

Pt. I think I see. In other words I was being compared with a more average group?

Th. Yes. That made your highness on the tests uniformly high . . . but that is always relative to the group you're being compared to.

carefully so you didn t make a mistake and examine all the stuff and make sure you didn t make a mistake . . and you found finally that this didn't correspond to other answers to the same problem—didn t agree with them—then you'd be less likely to question this problem, because you'd already been critical of it

Th Yes

Pt Whereas the other math problems that you haven't criticized you d ah you'd be more able to criticize them . or, rather, investigate them

Th Yeah, investigate them critically

Pt And, then, if you have only occasional reinforcement you are more critical of it because it is something that's being occasional, it's not occurring all the time, not usual, being unusual, you look at it closely

Th Stands out more?

Pt Uh huh, and therefore you look at it closely, and this looking at it closer is more or less a kind of criticism

Th Yeah (Pause) But I think you d find if you examined your own everyday life closer . and we can think about this as we go along . . that you need a kind of elaborate bookkeeping system on yourself, in your own mind, what's confirming and what's disconfirming, and where you're getting your kicks and where you aren t So that you have . it's it's deliberate, instead of kinda going along with enough integrity and self regard that you don't have to count everything pro or con And then when you get the "pro's' you you say, "Ah hah, you see, I really am superior—this is the real evidence here, this over there isn't"

Pt Uh huh

Th And the more you rely on that kind of thing the harder it is for you to both examine the general notion and to study the disconfirming cases with critical understanding

Pt Also it builds up I imagine, because ah the disconfirming is unpleasant It's like in philosophy or science—there's a tendency to prefer your own theory and look for the materials that confirm your own theory

Th That's right

Pt And I guess it was Bacon, wasn't it, who said you have to watch out because you're more likely to throw away the material that disconfirms you . your hypothesis I mean just a psychological habit you throw away the material that doesn't fit

Th 'Cause it doesn't fit? Darwin, you know, was supposed to

Th. That's right. (Pause.) Well—where does this all place us with respect to your understanding of what we've discussed?

Pt. Well . . . ah . . . there's one thing I don't quite understand. Suppose I find that I do not have the ability . . . ah . . . oh I guess . . . I was thinking suppose I find that I do not have the ability in B——? Ah . . . if uh . . . ah . . . suppose I found I was not as capable as I thought I was or as one should be in B——?

Th. Uh huh.

Pt. But I guess I can answer that question . . . ah . . . (laughs) . . . if it's that I am not as capable as I *should* be then I will . . . ah . . . be automatically eliminated—

Th. Yeah.

Pt. Although I don't think that I'm that—

Th. You're not that deficient?

Pt. And if I were deficient in it . . . ah . . . to that extent, or say in any course, if I were deficient in it, I wouldn't by *not* realizing . . . by *not* realizing my deficiency I wouldn't get a *higher* grade—

Th. That's right.

Pt. So there'd be nothing to worry about from that standpoint.

Th. And your knowledge won't hurt you.

Pt. That's right . . . it will help maybe because it will remove —(laughs)—the emotional block . . . it will help show me the choices I'm making . . . that . . . that I can't take the right road —take the left one—(laughs)—

Th. Well, it might mean this, too—maybe it's what you're implying—it will state the problem as an *attitudinal* one rather than as an "ability" one. We're not up against a problem here of where your IQ is not sufficient to cope with it, but we're up against a problem where your *predisposition* and *attitudes* toward certain kinds of work and effort and so on . . . and we may find that when that rubbish, so to speak, is cleared away that the B—— is an intriguing course, or at least one that doesn't have the present failings associated with it.

Pt. Well, I certainly would . . . I think that B—— would be a wonderful course . . . be very interesting . . . ah . . . the only reason it isn't to me now is because . . . ah . . . there's so much to do, I'm so far behind, how am I going to catch up, I'm not going to be able to catch up, therefore I won't try.

Th. Yeah. You're not only talking about B——, you're talking about your attitude toward difficult tasks, and it would apply to any subject.

Pt. And then my fluctuations would be more or less insignificant with respect to the whole range that was open.

Th. That's right.

Pt. However, when you get to college you're only concerned with, say, the top part of it—

Th. Right.

Pt. Those are the people . . . then when you stretch that out the differences going like that (makes a zig-zag line with fingers)—

Th. Uh huh. It's like putting a magnifying glass on it, so to speak. And the higher up you go on the educational ladder, the higher the ceiling is going, then the greater the competition and the greater the delineation of special abilities . . . that were never even delineated before.

Pt. In other words . . . in other words the smaller section of the graph here is what you're stretching out to make a full-size graph—

Th. Right.

Pt. And therefore the more distortion.

Th. That's right.

Pt. And so your abilities and disabilities are more clearly shown when you get into higher learning.

Th. Uh huh . . . at a higher level.

Pt. Higher level of anything . . . your abilities and disabilities with respect to each other. But that's because you're comparing them to other people. In other words, your ability . . . ah, you couldn't measure your own ability if nobody else were around doing the same thing . . . if nobody else were measured.

Th. That's right, there are no absolute scales like an absolute scale of height or weight.

Pt. Uh huh. In other words if I were the only one taking B——, I wouldn't know whether I was doing well or not . . . can only tell in comparison to others in the class.

Th. The only way would be to have an *implicit* scale, or for the professor to have one—

Pt. Yes.

Th. 'Course that would only be bringing indirectly to bear the same kind of data on the same kind of problem.

Pt. Because, after all, you can have . . . ah . . . a measuring . . . ah . . . you could have gradations on the wall at ten feet but nobody would get up that high . . . you still couldn't tell what was good or bad in ability unless you have other people, like you couldn't tell if you were tall or short.

Th. That seems to be the case. Suppose we go on from this point next time and see what we can do to test *this* notion, itself, further.

PROTOCOL: MIDDLE-AGED MALE, FORMERLY PSYCHOTIC

Therapist. Does that bother you there? (referring to position of the microphone).

Patient. No, it doesn't bother me, but (ha ha) . . . I don't know just what I am going to talk about.

Th. I see.

Pt. Well, I . . . I tried this [musical instrument] the other day and I found that I, why, I couldn't hardly play it. The stiffness in my hands I was telling you about—it is more intense than ever. Now I was just wondering . . . in other words, what I could do about this, because in the past I have gone to doctors, medical doctors, and they never told me anything. I was never able to find out just what caused it.

Th. I see.

Pt. Never given a name and I couldn't believe it was my age—

Th. And it isn't arthritis? As far as you know?

Pt. I don't know but as I told you I have been noticing this; it has been increasing over a period of years . . . that is, say, maybe five years ago I could play longer at a time and do things that I can't do now.

Th. I see.

Pt. And . . . a . . .

Th. Kind of weakness, is it?

Pt. That's what it is . . . in other words I just have to quit, I can't play another note.

Th. After how long a time?

Pt. Well, I was just playing around, rambling around for about an hour.

Th. Uh huh.

Pt. But I would stop, you know, because I just had to quit. I mean if I just played a little passage or something, why, then, I would have to quit and rest a few minutes and then start again. I couldn't figure out what was wrong, and as I have told you, in the past it has been so disgusting I have gone to doctors, because I thought I would want to find out what it was . . .

Pt Or job, getting out of bed, and so forth

Th Right

Pt (Long pause) Things seem to be very, very physical . . . I mean the point where I go to sleep in class and can't do a simple physical thing like get up from a lying position and things like this Ah one could very easily interpret it as a . . ah . . . as an emotional block if he didn t realize what the problem was . . . that that he was ah in reality facing

Th Yeah

Pt I mean fighting with In other words . . . ah . . . going to sleep in class, if you don t know actually what this means, it looks like well, now this is an emotional block, there's some force there s some outside force, or something that's got into me that I m afflicted with that is keeping me from . . . that is keeping me from doing this particular thing—

Th Keeping you from doing something else

Pt That's right and ah yet . . . as a belief is a belief only by its effects, in other words you act according to what you believe that's a pragmatic definition of belief—

Th Yes

Pt Ah it doesn't really make any difference how physical a thing it is if you go to sleep its still a matter of belief—

Th Sure it is

Pt (Pause) You don't have to put a thing into words to believe it

Th Words are only one kind of communication . one kind of coping with the world

Pt That s right in fact, words . or beliefs seem to be almost a product of action—

Th Uh huh

Pt Or . ah it's that they're more the ah . generalization of action

Th Or our understanding of the action we ve taken Belief constitutes a theory or set of hypotheses about the actions we ve taken or will take

Pt Also they ah they can be more or less interpreted in terms of the actions themselves rather than the words they're expressed in if they are expressed in words

Th Yeah

Pt (Pause) So the realization that it's actually a problem of . . of my making a choice here . . is . . is the key to the whole thing?

Pt Yes well it just seems to burn and be just utterly weak I mean I just can't finish

Th Uh huh

Pt Burned out, that s the only expression I can use to describe it And I didn't know anything about it so I had some doctors in my home town in the past and asked them about taking vitamins But I did see one doctor and he gave me a long name, called it —— And he showed me a book there was a sort of picture in it, but I never did understand the connection I think I was asking him about the breaking out in my skin that comes in the morn ings—

Th Uh huh

Pt —'cause it is in our family I mean my [relative] has it, too I mean over a period of years I am getting it more and more and he showed me this book and gave me that name but I was never able to find it

Th This is your [doctor] in [city]?

Pt Yes, I do remember that long name—it was something, van something, or von something He told me to go and ask my doctor about it but I never could stir one up I don t think about it too much except as I say when I go to do something with my hands Well then, I figure, well, I can play certain types of things and it doesn t bother me at all you know, nothing requiring if it is just easy type I can play

Th I see

Pt But if it is slightly difficult

Th It is partly a matter of the difficulty of the music itself?

Pt Yes I believe that is it Well, things I used to play, I mean the things I used to play I can t play now

Th Um huh Does it make you feel discouraged to go back to the [musical instrument] and—

Pt Well, I don t know I just tried it out in other words, I see now that I I thought I wanted to play it so I went over to —— and borrowed one just to see

Th Um huh

Pt And I tried it out, but I don t care to anyway . it is silly to sit and play in an empty house anyhow

Th Yeah

Pt So I don't intend to play the [instrument] . I thought I might do it later I don t enjoy it at all

Th It is too different from the way it used to be Is that it?

Pt Yes

Th Um huh

Pt So that I could practice in a school of music, see what was the whole problem there I thought, well, if I can find out what it is, then I could go back to a school of music 'cause I had it figured out if I could improve enough I could play with others and things like that I don t know (long pause) I thought it had some connection I thought maybe the nerves weren t reaching the muscles or whatever it is I don't know anything about anatomy—

Th Uh huh

Pt —As I say, there's no strength in the muscles I just don't get any more muscle If I get up and work around the yard all summer and you know, use the hedge clippers and everything . but my muscles don t increase

Th Did you experience the same thing when you were using the hedge clips?

Pt Yes, I did, even over a period of years—yeah, and I'd have to stop In other words I just don t know what that means Of course, it is a general weakness anyhow, I guess I thought probably it was anemia or some weakness of the muscles or nerves

Th Ummm, you ve given it all kinds of bad diagnoses, huh?

Pt Yeah, in the past years The thing, though, doctor, yeah, it must be It can't be I mentioned it to my [teacher] and, of course, he thinks that it is my I mean I can't convince any body

Th Yeah

Pt They seem to think it is my mind or something—but it is the truth

Th Ummmm A real discomfort

Pt Yeah I can be in my own home, relaxed, you know, in my own home and I can't play I have to quit

Th You mean you have noticed it in other ways, too? Maybe driving a car?

Pt No, not driving a car It s repeated action, like I told you, repeated action

Th Do you have something like typing for a comparison?

Pt No, I don t Well, that's the only oh, another comparison is if for instance I try to take my hands and massage my head because I am losing my hair well, I can t do that very long

Th You can't keep even those perpetual movements going?

Pt No

Th It stiffens up?

thinking when out of work or would I rather be doing something like this?'

Th Uh huh

Pt Well, that is what has kept me on so far

Th A little pressure bothers you and you want to kinda throw in the sponge?

Pt Well, yes, actually It wasn t the pressure He was very nice about it

Th I see

Pt He just mentioned that the boss had said to him the stock was in a messy condition Well I noticed it myself but I didn t know it was my place actually to take care of it

Th I see well is that what he had told you?

Pt Well I mean he said it in such a way to imply that we were both responsible for it the condition of the stock room But it never occurred to me that I was supposed to straighten it up go down but if he had told me to I would have done it you know except that whatever he tells me to do, naturally, I am going to do it

Th You don t quite know where to step in and take responsibility yourself?

Pt I guess I am too afraid yeah well it isn t altogether that and then I would rather do it but several times I have done it and it seems it doesn t you see there is a couple of people to please the boss and this other fellow who s on when the boss is away

Th I see

Pt And it hasn t agreed with him so I just didn t bother to do it

Th Yeah Are you any more responsible for the stockroom than anybody else?

Pt No I don t think so well no well you see the other person is a lady so I don t know

Th You wouldn t be as responsible as she is?

Pt She s been there for years and she is very good and reliable and oh no I don t think she d be able to carry some of the stuff upstairs

Th So it is up to you?

Pt I just assumed it was uh huh Of course I didn t do anything more about it I thought it would be up to him to tell me and then I would tell him that I had noticed the condition of the

Th Too much of a let down?

Pt Yes (heavy sigh) and this past week, I . I don t know I think they re getting pretty disgusted with me at the store I wasn t I don't know I was sort of, I suppose, you might say lazy, but I didn t have much that is I can't get too enthused about putting things away, placing them here and there, you know, rearranging them

Th I see you re overlooking duties on the job that you might perform?

Pt Yeah, he was telling me, he said, "Why don't you go down stairs more often and bring stuff up?" Of course, actually I didn t think there was anything to bring up because, well, I didn't bother to tell him He was there were some things I could have brought up

Th Um huh Is it hard for you to kind of check this every day and try to make a mental note and check it for yourself as to whether something is on the counter?

Pt It is very simple All you do is walk around and just notice if it is empty and bring it down, or you go get it Although many times when I first went there I did go down and bring things up all the time, the boss did tell me not to do it so much, to watch out for customers

Th Ummm

Pt So then I really quit going down so much

Th And now it is hard to get started again

Pt Yes well I mean I don't, I get sort of dis gusted because half the time you go down and can t find it or else we don t have it

Th Yeah

Pt And, so I just get sorta disgusted going down there and trying to find it

Th And it does take you away from the counter some?

Pt Well, yes that s right Of course, I think I am making I am making too much of this problem, talking about it like this, too I don t know

Th It isn t that important?

Pt Well, I mean it is important to me because, of course and then of course several times I would have my mind on it, I would think, oh, well, I will just quit, and then I caught myself and I realized how I my mental attitude when I am not work ing So, as I was telling my ——, ' Would I rather have that kind of

an I D bracelet on his wrist) one of those identification bracelets and I noticed his name which you couldn t help and I think I had recognized the name and then I realized it was some minor movie actor Well, that was after several conversations with him Of course, I still didn't bother to look him up to think of wherever I had seen him So but then we were talking about these novels and he mentioned ——, you know, —— —— who wrote —— and ——? And books I had read and he said he had read them, and we exchanged ideas and I oh, I don t know I made a few remarks about some of the characters in the novels and well, the reason I mention this is then when I went to the ——, I recalled these all these a couple of these conversations And I don't know why I should recall them, what was important to me I only knew him over a period of a couple of months and I think that what it was is probably I mean it isn t that I am I am at all it isn t the glamor that appealed to me because those people, I mean the few people I knew the very few people that I know that are brilliant and talented and that is another thing it seems like I am always meeting people like that

Th Makes you feel unworthy inadequate?

Pt And I can't figure it out Yeah! This friend that I first told you about that was in D—— was very brilliant and I can t understand it of course, I mean I do in a way as far as they are concerned I suppose it is just a lucky break—well, I don t know

Th You mean you can t understand how they got so far, or achieved notice?

Pt Well, I mean well, of course their interest in me is something altogether different than mine in them I think they only bothered with me and as I say that is what makes you feel so inferior At that time they seemed interested—

Th They were condescending?

Pt Well, yes I mean, no it goes deeper than that, or did at the time So I mentioned when I was in ——, I mentioned that about the conversation oh, we we talked about the —— novels and I mentioned my favorite novel and things like that I thought we should make an interesting pair and enjoy each other —that would be wonderful Well, now I am well so then, of course, since then, well, I mean the thing is I guess people like that I met a couple of other fellows that were very hard to figure out, you know I don t even know them I just met them

stockroom but then I thought maybe the porter would straighten it up or . . and then, also, somebody had to put those things right in the way. I had to replace those boxes that were right in the pathway as you're walking into the stockroom. Who did it, I don't know.

Th. Uh huh.

Pt. But, see, there are other people working around. I mean I didn't bother to tell him that either.

Th. But somebody left the boxes in one's pathway going into the storeroom?

Pt. But somebody ordered another shipload and evidently just dropped them right there which I would have had to do . . . of course . . if I ever do take anything down there.

Th The delivery man could have unloaded the boxes there, for that matter.

Pt. Sure . . . probably . . . somebody did it. Oh, well, I did my . . . I don't know, I talk too much about little things like this on my job.

Th. You mean you think you ought to be talking about other things?

Pt. Well, I don't know . . . I believe that I . . . maybe I am saying . . . I think . . my —— tells me that I do. I come home and mention a few things like that but they get sick of hearing it.

Th. Yeah.

Pt. Because I seem to ramble on forever about little things like that.

Th. You're kinda censoring yourself here in saying you shouldn't talk so much about yourself? . . . On the job?

Pt. I think so. Of course, I am with it eight hours a day and I think about it quite a bit.

Th. It is your main duty and main concern.

Pt. Well, I compare it . . . and then, of course, my trouble is I . . . Now the other day I went across the street to the bookstore and I, I saw this book written by this fellow that I once knew. Well, that comes as a mild shock . . . I mean I didn't know him well but I knew him over a period of a couple of months in D—— and we were talking about novels. Of course, my knowledge of all that stuff is superficial . . . I mean we were talking . . . we got talking . . . oh, English novels and I just . . . the reason I mentioned this is because before I went to this —— . . . for, or rather when I was at the ——, I mentioned this fellow's name because he . . . well, at the time when I first met him he happened to wear this (points to

Th. And when you see this fellow's name on the book this all comes back to you?

Pt. Well, I let a thing . . . I let a thing—I dwell on it I mean it doesn't . . . except it makes me think "Well, here I am just bumming away and doing nothing," and, of course, I have had this breakdown and I shouldn't be that way. In other words, I envy people.

Th. Yeah, what's this guy got that I don't have, that he has all these breaks, gets the book published, goes uncriticized?

Pt. Well, it's . . . I don't think . I mean, in other words, I realize he has talent. I don't think it is so much the breaks. I think he must have talent or he couldn't write the book

Th. Yeah.

Pt. Is it a good book?

Th. I don't think so . . . I never heard of it. I haven't read it It just happened to be on this temporary display there on the bookshelf. I didn't even bother to get it to read it, I read the coverjacket and I don't care for that sort of thing.

Th. It's a novel?

Pt. It is a character sketch of ——.

Th. You think he would have been judged more severely in your home town?

Pt. Oh, yes.

Th. Yet he moves along in the world without that judgment against him.

Pt. Yeah, that's what I mean.

Th. And yet that judgment is imposed on you in your own mind?

Pt. Yeah. In other words . . . well, for instance, I couldn't . . . I wouldn't care to go back to my home town probably to live, I don't think.

Th. Ummmm.

Pt. Unless I would get . . . perhaps, if I were married, that would make all the difference in the world, but I wouldn't think of it now.

Th. You think you have been judged too critically there?

Pt. Well, I think I have been judged What I don't like is for people to go too far. I mean they take that one word and if they just define it, that is just enough.

Th. You experienced that?

Pt. Yeah.

Th Uh huh

Pt Talked with them a few times over a period of several weeks, that was out in D——, and, well, they seem to, well, there is a kind of selfishness about them I mean they seem to are bent on getting ahead I mean I like this fellow, he probably has many friends but then as I say, I find he has written this book and well the sort of encounter we had I guess that s nothing to people like that

Th What was the relationship?

Pt Well, I can t explain it—there wasn't anything I can explain

Th This was while you were in D——?

Pt Yes, that was in 19—

Th Uh huh

Pt Years ago, yeah, but I did like him I mean I did enjoy what we were talking about but as I said I just made these few little remarks but I don't seem to be able to I can t talk much We just talked about books that we had read

Th He was somebody you clicked with, sort of?

Pt Yes

Th He understood you?

Pt I seemed to like him I thought maybe he liked me Of course, I didn't— (Long pause) But the thing that gets me in other words people like that, now they are so brilliant—he could play and sing And people the thing I guess I wanted to bring in was the fact that people—they judge you in a small town—some of them like that, people like that who are brilliant I guess they move in their own world

Th Ummm, and they don t get judged like you did in a small town?

Pt Now, for instance, if you were in a town like my home town why, I don't think well, of course, he wouldn t want to be there anyhow he wouldn t want to be there

Th But if he were?

Pt I don't think he would be around—he wouldn't stay—I don t know

Th Would he be unpopular, or pressured, or criticized?

Pt I think they are prejudiced, yeah, I think so So that is the feeling I have about myself, anyway, toward my illness getting very strong and yet I couldn't, you know, I couldn't go to people and ask them what it was . . although I figured what it was they felt toward me

I don't think I want the fortune or fame, probably In other words . . if I could have written one book, I wouldn't care if it was just a little book of some kind

Th Just something to say—

Pt Just something like that—

Th "This I have produced"

Pt. Yes . a little book, a little book or perhaps a painting that would be on display in some gallery—or something like that

Th Yeah some accomplishment?

Pt (Long silence) Well, I don t know I have this friend that I have known over a period of twenty or thirty years—let's see it s been about thirty years now—

Th Um huh

Pt And he's a very brilliant fellow and has many degrees, and he has written a little play that's been published and sent out . and things like that

Th Um huh

Pt So we have lost contact over the years He has been very kind to me and patient, but you know over a period of years, naturally people—your friends you can't expect them to fool around, you know can't expect them to bother with you if you're not getting anywhere

Th You think they are rejecting you because you aren't accomplished in some particular field, or aren t well known?

Pt Well, for a while I seemed to be doing pretty well Well when I was in D—— and I noticed well, when I would see them, why, I guess I probably was able to talk about things I don t do that anymore

Th You were a good conversationalist then?

Pt Well, I was able to you know, answer, or throw in something here and there I don t bother to talk any more I am talking a lot here (laughs), but I mean when I am out with some one, I don't seem to have anything to say If I do it is on some unimportant subject

Th You feel strained socially?

Pt Yes, I just don't make the effort to talk I don't think what I'm going to say is important, anyhow, so why say it For instance, I went to a play with A—— and, well, I didn't have much to say about it at all In fact, I probably slipped into the background because I didn t know what to talk about

Th Is there any certain word that you mean that they applied to you?

Pt Well I mean if they think you are that kind of a person, you are just that and I don t know how to define it, or what they think you are doing all the time I don t know But I never did anything to have that said of me—not since I was in D—— (Long pause) I felt his reaction was the same too (referring to the author mentioned above)

Th I see—you thought he was judging you, also?

Pt Yeah

Th You mean the one in the hospital where you were?

Pt No in my home town when I first went there

Th It s only three or four thousand?

Pt Oh no it s about a hundred thousand

Th Oh

Pt But it s small acting town you go from one part to another without realizing you re changing towns

Th I see

Pt It s a different atmosphere entirely than around here

Th Uh huh

Pt It s a real small town atmosphere

Th And there you were in a sense subject to this severe kind of judgement you thought And this fellow—maybe because of his talent in spite of what he may have been—maybe had done the same things that you have but escapes the judgement—

Pt Well—

Th Escapes the censorship—and that sort of bothers you

Pt But I wish in other words—but you can t keep *wishing*—it just doesn t lead anywhere—so I keep thinking *what could I do to make an impression?* You know what I mean?

Th Yeah

Pt That s what I thought about painting and yet I have known other people that paint It isn t that oh I don t think my talent is at all unusual I don t have any but I thought well here well now there is a field where your nervousness doesn t matter Arts it doesn t bother you at all in the arts

Th More slow methodical productions? Especially in painting?

Pt But I don t know enough about it

Th You are asking then where is there a field in which you can accomplish something that would give you oh fame and fortune?

Pt Probably that is what I am asking It isn t actually .

days when your grades were good, you were excused from taking exams, and I had never taken one

Th Ummmm

Pt Until I was in the fifth and the teacher suggested that it would be a good idea for me to take an examination and she was very . . . she was right about it I realized it even then

Th But you were incensed by it or felt let down, a failure?

Pt I didn't . well, I felt *ashamed,* actually, I felt *ashamed* that I had to take that exam

Th You weren't mad about it?

Pt No, I wasn't mad about it at all no, and I knew at the time that she was right I liked her very much

Th You mean it meant you had failed maybe not failed, but you didn't live up to your high expectations?

Pt Well, no yes she told me, she explained it to me She said, "Now A——, I am not sure about you in arithmetic, and she was right about it

Th I see

Pt That early! Because I wasn't good in it, I was horrible in algebra, too, in high school

Th Ummmm I see It wasn't that you failed but that you hadn't maintained this high standard which would permit you to escape the exam Is that right? So that when you were subjected to one, that meant you had done relatively less well

Pt Yes I remember that teacher She was I liked her very much She she saw in other words, I think she was one of the first to discover my weakness—that was a weakness of mine—

Th Yeah

Pt That particular subject

Th Yeah

Pt So I thought that was interesting the way I thought about it

Th But you did feel ashamed that you had a weakness?

Pt That I had this particular weakness, yes

Th You were supposed to be the star in all these fields, I suppose Or, if you were a star in one that should mean you should get by with the others

Pt I was spoiled I mean and I still am

Th You think that this has had *a lot to do* with the difficulty you have had?

Th. You feel so unsure of yourself that you think it best to keep still?

Pt. Well, I don't know. I just don't have the interest in it, since I . . . I try to pretend that I have got this interest. Well, I do think, in part, I enjoy going to the shows; it helps me to relax.

Th. But much of the theater and movies is "pretend." Is that what you mean?

Pt. Well, I think it probably reminds me of when . . . I . . . I told you when I was so naive many years ago and I went to D—— and thought . . . this world appealed to me. And, you know, the world, the world of the theater, and drama and music and all that.

Th. Um hun.

Pt. And I see now it was very naive of me to be that way. I thought it was very wonderful and all this and that . . . but actually the people in there . . . I guess some of them are really very . . . actually sort of selfish, you know. They just are working toward their own goal. So sort of discouraging—

Th. You mean they did you harm or—

Pt. Well, I mean—

Th. Or were unpleasant to you?

Pt. Well, I don't know . . . I mean . . . people . . . I suppose a really great person wouldn't be selfish like that. Great people . . . I don't think they are selfish.

Th. Great people don't bleed others for their own interest?

Pt. Well . . . the whole trouble . . . I have been trying to think it over myself. I think probably as a child I had the idea that I was going to do *something* someday and—

Th. Ummmm—you told me something about that before—

Pt. You're right.

Th. How much your teachers, for example, and your parents, and others who knew you fostered this idea that you would be great . . . a great musician. And it has been hard for you to give it up, or to accomplish it. It is as if you were still looking for some kind of greatness, or recognition, on a grand scale—

Pt. That's right!

Th. A pot of gold at the end of the rainbow.

Pt. You're right and I thought when I was in those various states, I thought it was up to me . . . that I should . . . you know that *I should* be up at the top there.

Th. Yeah, some kind of a star.

Pt. Yes . . . so I felt it was a disgrace one time when I did have to take an exam in school. I was in the fifth grade and in those

days when your grades were good, you were excused from taking exams, and I had never taken one.

Th. Ummmm.

Pt. Until I was in the fifth and the teacher suggested that it would be a good idea for me to take an examination and she was very . . . she was right about it. I realized it even then.

Th. But you were incensed by it . . . or felt let down, a failure?

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Th. Yeah.

Pt. That particular subject.

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Pt. So I thought that was interesting . . . the way I thought about it.

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Pt. I was spoiled. I mean . . . and I still am.

Th. You think that this has had *a lot to do* with the difficulty you have had?

Pt Yes, I do I think my childhood all of the books say that and I believe it

Th Well, I don t mean just that I mean the fact that you had this constant expectation of getting something from life that is hard for you to get, or that you can t get, or that you can't get in the way you think of it, and so you are always striving for that and when it doesn t come every once in a while when you are up against this reality you get discouraged—

Pt That s right!

Th Or feel you are not doing well, or feel like you are a failure or something Does that makes sense to you?

Pt It does, that s right ah and as I told you, I don t know I had my I thought I was my disappointment was so keen when I found out that I wasn't actually writing this book that I told you about when I was in the hospital

Th Yes

Pt And I thought things I was saying were important and they should be taken down I do remember that

Th Ummmm That's a kind of literal, naive way of saying the same thing that we have been saying What I think and what I am saying is very important—it should be taken down See what I mean?

Pt Because I thought it was very important you are right It had to be great You are right

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